S. No. 2
I—1-4-41
. 5-17-39
I X26390

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 3294

Registration District No. 736 Primary Registration District No. 5965 Registrar's No. 19

1. PLACE OF DEATH:

(a) County Randolph

(b) City or town Rural Prairie
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether
In this community 50 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Randolph

(c) City or town Rural
(If outside city or town limits, write "RURAL")

(d) Street No.
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME Mrs William Chapman

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex Female

5. Color or race White

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife William Chapman

6. (c) Age of husband or wife if alive 70 years

7. Birth date of deceased June (Month) 23 (Day) 1874 (Year)

8. AGE: Years 67 Months 6 Days 21 If less than one day hr. min.

9. Birthplace (City, town, or county) Illinois (State or foreign country)

10. Usual occupation House Wife

11. Industry or business

FATHER
12. Name ****** Kelso
13. Birthplace Scotland (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Margarett Kelso
15. Birthplace Scotland (City, town, or county) (State or foreign country)

16. (a) Informant Robert Chapman
(b) Address Higbee Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan (Month) 17 (Day) 1942 (Year)
(c) Place: burial or cremation City Cem. Higbee Mo

18. (a) Signature of funeral director Joe W Burton
(b) Address Higbee Mo

19. (a) 1-17-42 (Date received local registrar) (b) Irma Nave (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 14 year 1942 hour 4 minute 15 a.M.

21. I hereby certify that I attended the deceased from Jan 14 1942 that I last saw her alive on Jan 13 1942 and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Hemorrhage

Due to Dec. Since 25 1942

Due to

Other conditions 830
(Include pregnancy within 3 months of death)

Major findings:
Of operations No Operation
Of autopsy None

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify)
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?
(Specify type of place)
While at work? (e) Means of injury

23. Signature W V Durden M. D. or other
Address Higbee, Mo Date signed 1-15-42

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 10
District File Number 2-42-349
Date Filed FEB 19 1942

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by .....

....., Registered Apprentice No. .....

working under my personal supervision.

Signed W. O. Stanfield

Licensed Embalmer No. 2647

P. O. Address Macon Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.