No. 2
—1-4-41
5-17-39
I X28330

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED APR 20 1942

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 11557

Registration District No. 66

Primary Registration District No. 5878

Registrar's No. 15

1. PLACE OF DEATH:

(a) County: Perry

(b) City or town: Rural St. Marys
(If outside city or town limits, write "RURAL" and name of township)

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

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

In this community: 30- 10- 11

2. USUAL RESIDENCE OF DECEASED:

(a) State: Missouri (b) County: Perry 77

(c) City or town: Rural 0
(If outside city or town limits, write "RURAL")

(d) Street No. 0
(If rural, give location)

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

If yes, name country: 0

3. (a) PRINT FULL NAME: Roy Chappius

3. (b) If veteran, name war: ____

3. (c) Social Security No. 493-01-0753

4. Sex: Male

5. Color or race: White

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

6. (b) Name of husband or wife: Edna Chappius

6. (c) Age of husband or wife if alive: 32 years

7. Birth date of deceased: May (Month) 3 (Day) 1911 (Year)

8. AGE: Years 30 Months 10 Days 11 If less than one day ____ hr. ____ min.

9. Birthplace: Perry Co. (City, town, or county) 0 Missouri (State or foreign country)

10. Usual occupation: Shoe Worker

11. Industry or business: ____

FATHER
12. Name: Joseph Chappius
13. Birthplace: Perry Co. (City, town, or county) 0 Missouri (State or foreign country)

MOTHER
14. Maiden name: Motilda Seifert
15. Birthplace: Perry Co. (City, town, or county) 0 Missouri (State or foreign country)

16. (a) Informant: Edna Chappius

(b) Address: Perryville Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: March 17 1942 (Month) (Day) (Year)

(c) Place: burial or cremation: Perryville Mo.

18. (a) Signature of funeral director: Youngt Sons

(b) Address: Perryville Mo.

19. (a) 3-17-42 (Date received local registrar) (b) O. F. Greenwe (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 14 year 1942 hour 10 minute A. M.

21. I hereby certify that I attended the deceased from ____, 19__ to ____, 19__; that I last saw him alive on Not seen while alive and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Cerebral hemorrhage	30 min.
Due to: Unknown	
Due to: ____	
Other conditions (Include pregnancy within 3 months of death): Unknown	

Major findings:
Of operations: ____
Of autopsy: ____

83a

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): Not found external cause

(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: 0

23. Signature: Herbert A. Tracy (M. D. or other) M.D.

Address: Perryville, Mo. Date signed 3/16/42

(Licensed Embalmer's Statement on Reverse Side)

District Health Officer No. 4
District File Number 442-441
Date Filed 4-13-42

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 Edward C. Young

Licensed Embalmer No. 2138

P. O. Address Perryville 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.