

BUREAU OF THE CENSUS  
MAILED MAY 14 1942

Registration District No. 399

Primary Registration District No. 1002

Registrar's No. 1742

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

1. PLACE OF DEATH:

(a) County Jackson

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

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

(d) Length of stay: In hospital or institution less than 1 day (Specify whether years, months or days)

In this community less than 1 day

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson

(c) City or town Kansas City 3  
(If outside city or town limits, write "RURAL")

(d) Street 7813 Summit 8  
(If rural, give location)

(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME James Elliott Chapman Jr.

3. (b) If veteran name war no

3. (c) Social Security No. no

4. Sex Male

5. Color or race White

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

6. (b) Name of husband or wife \_\_\_\_\_

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

7. Birth date of deceased: May 2, 1942  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
				<u>6</u> hr. <u>15</u> min.

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

10. Usual occupation infant

11. Industry or business \_\_\_\_\_

12. Name James Elliott Chapman

13. Birthplace La Junta Colorado  
(City, town, or county) (State or foreign country)

14. Maiden name Corene Jane Powers

15. Birthplace Lansdown Missouri  
(City, town, or county) (State or foreign country)

16. (a) Informant James E. Chapman

(b) Address 7813 Summit, K.C. Mo.

17. (a) burial (b) Date thereof May 4 1942  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Forest Hill

18. (a) Signature of funeral director Chas. E. P. Foster

(b) Address 918 Broadway

19. (a) May 4 1942 (b) M. M. Brown  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 3rd  
year 1942 hour 12 minute 15 A. M.

21. I hereby certify that I attended the deceased from birth  
May 2 1942 to May 3 1942  
that I last saw him alive on May 2 1942  
and that death occurred on the date and hour stated above.

Immediate cause of death Hemorrhage into many vital structures viz: meninginges, myocardium, liver, placenta.

Due to Premature separation of placenta with consequent cyanosis during labor.

Other conditions Compound presentation and premature birth.  
(Include pregnancy within 3 months of death)

Major findings: 159  
Of operations \_\_\_\_\_  
Of autopsy as above

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? \_\_\_\_\_

While at work \_\_\_\_\_ (Specify type of place)

(e) Means of injury \_\_\_\_\_

23. Signature Luther W. Swift (M. D. or other) MD  
Address 2105 Independence Ave Date signed 5/3/42

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

**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 *Denzil C. Browning*

Licensed Embalmer No. *2724*

P. O. Address *D.C. 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.**