V. S. No. 2
M—9-4-41
ev. 5-17-39
I X29484

85
0
0

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED JUN 19 1942

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

18773

State File No.

Registration District No. 773 711

Primary Registration District No. ~~773~~ 5940

Registrar's No. 59

1. PLACE OF DEATH:

(a) County Pulaski

(b) City or town Rural Near Dixon
(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 years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County St. Louis 000 17

(c) City or town St. Louis, Mo. 9
(If outside city or town limits, write "RURAL")

(d) Street No. 2543 Maiden Lane
(If rural, give location) /

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

If yes, name country

3. (a) PRINT FULL NAME Walter Angus Chapman

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex M O

5. Color or race W

6. (a) Single, widowed, married, O divorced S

6. (b) Name of husband or wife

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

7. Birth date of deceased July 11, 1941
(Month) (Day) (Year)

8. AGE: Years | Months 10 | Days 17 | If less than one day hr. min.

9. Birthplace St. Louis, Missouri O
(City, town, or county) (State or foreign country)

10. Usual occupation

11. Industry or business

FATHER
12. Name Joseph E. Chapman
13. Birthplace Tennessee /
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Margaret A. Barr
15. Birthplace Colorado /
(City, town, or county) (State or foreign country)

16. (a) Informant Joseph E. Chapman
(b) Address 2543 Maiden Lane
St. Loui, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 5/29/42
(Month) (Day) (Year)

(c) Place: burial or cremation Pisgah Cemetery

18. (a) Signature of funeral director Fred H. Gilbert
(b) Address Dixon, Mo.

19. (a) June 1 (Date received local registrar) (b) Chas M Dodd (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 5 day 28
year 1942 hour minute 2 P. M.

21. I hereby certify that I attended the deceased from May 28th 42
, 19 , to , 19
that I last saw him alive on 10 A.M May 28 1942
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Intussusception (Left Iliac Colon)	48 hrs.
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

122 bl

Major findings:
Of operations
Of autopsy

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 Dr. K. W. Meeigan (M. D. or other) D.O.
Address Dixon, Mo. Date signed 5/29/42

1170 (Licensed Embalmer's Statement on Reverse Side)

X

RECEIVED
Pulaski County Health Officer
File Number 6-42-149
Date Filed 6-15-42

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 May 28 - 1942, Registered Apprentice No.
working under my personal supervision.

Signed Fred H. Gellert

Licensed Embalmer No. 2341

P. O. Address Dixon 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.