

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

27395

State File No. \_\_\_\_\_

Registration District No. 156

Filed SEP 11 1942  
Primary Registration District No. 2001

Registrar's No. 371

1. PLACE OF DEATH:

(a) County Jasper

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

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

(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether \_\_\_\_\_)

In this community 12 Yrs  
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Jasper 49

(c) City or town Joplin 2  
(If outside city or town limits, write "RURAL") 5

(d) Street No. 110 Highland  
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No) 0  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Jack Chapman

3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Anna 6. (c) Age of husband or wife if alive 64 years

7. Birth date of deceased Oct 6th 1863  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>78</u>	<u>10</u>	<u>25</u>	_____ hr. _____ min.

9. Birthplace Buffalo, Mo: (City, town, or county) (State or foreign country) 0

10. Usual occupation Cement Contractor

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

12. Name Unknown

13. Birthplace \_\_\_\_\_ (City, town, or county) (State or foreign country) 9

14. Maiden name Unknown

15. Birthplace \_\_\_\_\_ (City, town, or county) (State or foreign country) 9

16. (a) Informant Mrs. I. F. Morrissey

(b) Address 1526 No. Blvd Spgfd, Mo:

17. (a) Burial (b) Date thereof 9 2 42  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Forest Park

18. (a) Signature of funeral director Parker Hunsder

(b) Address 1502 Joplin

19. (a) 9-1-42 (b) Gertrude Sudhoffer  
(Date received local registrar) (Registrar's signature)

1 204 & by Miller (Licensed Embalmer & State Agent on Reverse Side)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug day 31st  
year 1942 hour 11 minute A. M.

21. I hereby certify that I attended the deceased from 6-8  
1942 to Aug 31 1942  
6-20  
that I last saw him alive on \_\_\_\_\_ 1942  
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Artery - blocked  
gave blood to stomach

Due to \_\_\_\_\_  
Due to Primary liver - f

Other conditions (Include pregnancy within 3 months of death) H68

Major findings: Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

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 \_\_\_\_\_

Signature E. B. Jones (M. D. over)

Address Joplin, Mo Date signed 9-1-42

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

MOTHER FATHER

45.8.761

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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 F. M. Jones

Licensed Embalmer No. 2319

P. O. Address Joplin 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.