

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

Rev. 5-17-39

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

31663

State File No. _____

Registrar's No. 64

LEU OCT 8 1942
Registration District No. 375

Primary Registration District No. 624551

1. PLACE OF DEATH:
(a) County Wright
(b) City or town Hartsville
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
At Her Home in Hartsville 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution None
(Specify whether
In this community 9 yrs.
years, months or days)

8. (a) PRINT FULL NAME CLELLA CLEMENTINA CHAPMAN
8. (b) If veteran, name war _____
8. (c) Social Security No. _____

4. Sex F 5. Color or race W. 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Ralph H. Chapman 6. (c) Age of husband or wife if alive 61 years
7. Birth date of deceased 10 15 1981
(Month) (Day) (Year)

8. AGE: Years 60 Months 10 Days 23 If less than one day _____ hr. _____ min.

9. Birthplace Wright Co Mo. U
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business _____
MOTHER FATHER { 12. Name William Royce Manton
13. Birthplace Wright Co Mo. U
(City, town, or county) (State or foreign country)
14. Maiden name Elizabeth Cunningham
15. Birthplace Wright Co Mo. U
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature Ralph H. Chapman
(b) Address Hartsville Mo.

17. (a) Burial (b) Date thereof 9 8 - 42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mo. 5- Cem

18. (a) Signature of funeral director Gene E. Halden
(b) Address Hartsville Mo.

19. (a) 9-9-42 (b) W. J. Wynn.
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo. (b) County Wright
(c) City or town Hartsville
(If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) If foreign born, how long in U. S. A.? 0 years.

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month 9 day 8
year 1942 hour 7: minute 20 A.M.

21. I hereby certify that I attended the deceased from June 1941 to Sept 8 1942
that I last saw her alive on Sept 7 1942
and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of stomach

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

PHYSICIAN
Major findings: _____
Of operations _____
Of autopsy _____
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? _____

While at work? _____ (Specify type of place) (e) Manner of injury _____

23. Signature J. E. Hartley (M.D. or Other) MD
Address Hartsville Mo. Date signed 9-8-42

RECEIVED

District Health Officer No. 6,

District File Number 1042-1458

Date Filed OCT 7 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, Gene E. Ladd,
....., Registered Apprentice No.
working under my personal supervision.

Signed Gene E. Ladd

Licensed Embalmer No. 3865

P. O. Address Hartsville 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, above space should be left blank.