

DEPARTMENT OF COMMERCE
 BUREAU OF THE CENSUS
 FILED JAN 20 1943

STATE BOARD OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

State File No. _____
 Registrar's No. 271

Registration District No. 149

Primary Registration District No. 1002

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:
5036 Walnut Street
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____
(Specify whether
 In this community 10 Years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
 (a) State Missouri (b) County Jackson
 (c) City or town Kansas City
(If outside city or town limits, write "RURAL")
 (d) Street No. 5036 Walnut Street
(If rural, give location)
 (e) Citizen of foreign country? No (Yes or No)
 If yes, name country --

3. (a) PRINT FULL NAME Mrs. Mary Jane Chappel
 3. (b) If veteran, name war None
 3. (c) Social Security No. None

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month JANUARY day 1st
 year 1943 hour 12 minute 45 A. M.
 M.

4. Sex Female
 5. Color or race White
 6. (a) Single, widowed, married, 2 divorced, Widowed
 6. (b) Name of husband or wife Mr. Charles S. Chappel
 6. (c) Age of husband or wife if alive _____ years
 7. Birth date of deceased April 21 1866
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Dec 1st
1942 to Jan 17 1943
 that I last saw her alive on Jan 16 1943
 and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day
76 8 25 6 hr. _____ min.

Immediate cause of death Cerebral Hemorrhage
 Due to Hypertension -
Nephritis Chronic
 Other conditions 1/31/43
(Include pregnancy within 3 months of death)

9. Birthplace Rutland Vermont
(City, town, or county) (State or foreign country)
 10. Usual occupation Housewife

Major findings:
 Of operations _____
 Of autopsy _____
 PHYSICIAN _____
Underline the cause to which death should be charged statistically.

11. Industry or business At Home
 12. Name Archibald Stewart
 13. Birthplace Canada
(City, town, or county) (State or foreign country)
 14. Maiden name Margaret McWhirter
 15. Birthplace Ireland
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Mercy Gladys Parmum
 (b) Address 5036 Walnut Street
 17. (a) Cremation (b) Date thereof Jan. 21, 1943
(Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: Funeral Home D. W. Newcomer's Sons
 18. (a) Signature of funeral director D. W. Newcomer
 (b) Address 1401 Brush Creek Blvd.
 19. (a) 1-19-43 (b) Mr. M. Crowe
(Date received local registrar) (Registrar's signature)

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 F. C. H. [unclear] (M. D. or other) _____
 Address 624 Professional Date signed Jan 18 1943

Wm. Frederick K. Mar
624 Prof. Bldg.
1-4

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 Emile M. Colbourn

Licensed Embalmer No. 3506

P. O. Address K C M.

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.