No. 2
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED MAR 15 1943

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 5066

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 1082

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

1. PLACE OF DEATH:
(a) County Jackson County
(b) City or town Kansas City, Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Wesley Hospital 926 E 11th St.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 3 days. (Specify whether
In this community 10 yrs. years, months or days)

2. USUAL RESIDENCE OF DECEASED: 48 3 0
(a) State Missouri (b) County Jackson
(c) City or town Kansas City
(If outside city or town limits, write "RURAL")
(d) Street No. 508 Benton Blvd.
(If rural, give location)
(e) If foreign born, how long in U. S. A.? 0 years.

3. (a) PRINT FULL NAME Mrs Josephine Chapman
3. (b) If veteran, name war no
3. (c) Social Security No. none
4. Sex Female
5. Color or race White
6. (a) ~~Single, widowed~~, married, divorced married
6. (b) Name of husband or wife Mr. Clarence A. Chapman
6. (c) Age of husband or wife if alive 58 years
7. Birth date of deceased August (Month) 6 (Day) 1885 (Year)

8. AGE: Years	Months	Days	If less than one day
57	6	27	hr. min.

9. Birthplace Hamilton, Davies Co. Mo (City, town, or county) (State or foreign country)
10. Usual occupation Housewife
11. Industry or business
FATHER
12. Name James Dunham
13. Birthplace Brown Co. Indiana (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name Sarah Ellen McBrayer
15. Birthplace Davies Co. Hamilton Missouri (City, town, or county) (State or foreign country)
16. (a) Informant Mr. Clarence A. Chapman
(b) Address 508 Benton Blvd.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Mar. 3 1943 (Month) (Day) (Year)
(c) Place: burial or cremation Gallatin Mo.
18. (a) Signature of funeral director Hope Furn. & Und. Co.
(b) Address Gallatin Mo.
19. (a) 3-3-43 (Date received local registrar) (b) M. M. Crowe (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Mar 3 day March year 1943 hour 7 minute 15 A.M.
21. I hereby certify that I attended the deceased from Feb 26, 1943, to Mar 3, 1943 that I last saw her alive on 9 Pm ~~Feb~~ Mar 2 1943 and that death occurred on the date and hour stated above.

Immediate cause of death Hemorrhage from ascending palatine artery left side.
Due to Arterial Hypertension
Due to Arterio-Sclerosis
Other conditions 97
(Include pregnancy within 3 months of death)

Duration: Intermittent for 6 days.

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 Russell C. Porter (M. D. or other)
Address North K.C. Mo Date signed 3/3/43

(Licensed Embalmer's Statement on Reverse Side)

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 L. O. Richesson

Licensed Embalmer No. 3302

P. O. Address Gallatin Me

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wit the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.