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38906

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. _____

FILED NOV 27 1943

Registration District No. 278

Primary Registration District No. 3054-598 (1) Registrar's No. _____

1. PLACE OF DEATH:

(a) County Pike

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

(c) Name of hospital or institution: Near New Hartford
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution no
(Specify whether)

In this community Life time
(years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Pike ⁸²

(c) City or town Louisiana ⁷
(If outside city or town limits, write "RURAL")

(d) Street No. 903 Kenessee St.
(If rural, give location)

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

If yes, name country _____

3. (a) PRINT FULL NAME Robert Leicester Chappell

3. (b) If veteran, name war World War I

3. (c) Social Security No. no

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov day 11
year 1943 hour 4:30 minute 12 P.M.

4. Sex Male

5. Color or race White

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Garnet Chappell

6. (c) Age of husband or wife if alive 41 years

7. Birth date of deceased March 17 1899
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;

that I last saw him _____ alive on _____, 19____;

and that death occurred on the date and hour stated above.

8. AGE:

Years	Months	Days	If less than one day
<u>44</u>	<u>7</u>	<u>24</u>	<u>—</u> hr. <u>—</u> min.

Immediate cause of death Coronary Thrombosis

Due to _____

Due to _____

9. Birthplace Louisiana Missouri
(City, town, or county) (State or foreign country)

Other conditions (include pregnancy within 3 months of death) _____

Major findings: _____

Of operations _____

Of autopsy _____

10. Usual occupation Post Master

11. Industry or business U.S. Post Office

12. Name John W. Chappell

13. Birthplace England
(City, town, or county) (State or foreign country)

14. Maiden name Rebecca Garner

15. Birthplace Pearl Illinois
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. R.L. Chappell

(b) Address Louisiana, Mo.

17. (a) Burial (b) Date thereof Nov. 14, 1943
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Louisiana Mo.

18. (a) Signature of funeral director James Stone

(b) Address Louisiana Mo.

19. (a) Nov 14 1943 (b) W. H. Kaley, Jr.
(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 W. H. Smith ² Coroner
(Date) (Address)

Address Louisiana, Mo. Date signed 11-11-43

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

MOTHER FATHER

Duration _____

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

1148

(Licensed Embalmer's Statement on Reverse Side)

JAN 26 1944
DEC 9 1943

NOV 29 1943

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 J. B. Starnes

Licensed Embalmer No. 4039

P. O. Address Louisiana, 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.