S. No. 2
M—5-42
5-17-39
I X32873

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

# STANDARD CERTIFICATE OF DEATH

Dr. Allder 48848
State File No.

FILED JAN 11 1944
Registration District No. 128

Primary Registration District No. 2000

Registrar's No. 1066

1. PLACE OF DEATH:
(a) County: Greene
(b) City or town: Springfield
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: City Hosp.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution: 3 Days (Specify whether years, months or days)
In this community: 18 Years

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County: Greene
(c) City or town: Springfield
(If outside city or town limits, write "RURAL")
(d) Street No.: 441 W. Pine
(If rural, give location)
(e) Citizen of foreign country? (Yes or No): 0
If yes, name country:

3. (a) PRINT FULL NAME: George A. Chappell
3. (b) If veteran, name war: Unk.
3. (c) Social Security No. 500-01-3375
4. Sex: Male
5. Color or race: White
6. (a) Single, widowed, married, divorced: Divorced
6. (b) Name of husband or wife: Frances M. Denton
6. (c) Age of husband or wife if alive: Unk. years
7. Birth date of deceased: May (Month) 17 (Day) 1873 (Year)
8. AGE: Years: 70 Months: 7 Days: 9 If less than one day: hr. min.
9. Birthplace: Howell County (City, town, or county) Missouri (State or foreign country)
10. Usual occupation: Odd Jobs
11. Industry or business:
FATHER
12. Name: Unknown
13. Birthplace: Unknown (City, town, or county) Unknown (State or foreign country)
MOTHER
14. Maiden name: Unknown
15. Birthplace: Unknown (City, town, or county) Unknown (State or foreign country)
16. (a) Informant: Personal Papers
(b) Address:
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: Dec. 31, 1943 (Month) (Day) (Year)
(c) Place: burial or cremation: Greenlawn
18. (a) Signature of funeral director: H. H. Lohmeyer
(b) Address: Springfield, Mo.
19. (a) 12-31-43 (Date received by local registrar) (b) for W. Handley (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month: Dec. day: 26 year: 1943 hour: 1 minute: 15 a.m.
21. I hereby certify that I attended the deceased from 12/22/43, 19..., to 12/25/43, 19..., that I last saw him alive on 12/25/43, 19..., and that death occurred on the date and hour stated above.

| | Duration |
|---|---|
| Immediate cause of death: Pneumonia | |
| Due to: | |
| Due to: | |
| Other conditions: Myocardial Weakness (Include pregnancy within 3 months of death) | |
| Major findings: Of operations: 108 | |
| 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: 0
23. Signature: C. E. Calder (M. D. or other)
Address: Springfield, Mo. Date signed: 12/27/43

(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. Dolan Gorman

Licensed Embalmer No. 3177

P. O. Address Springfield 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.**