

FILED FEB 1 1944
Registration District No. 47

Primary Registration District No. 3008

Registrar's No. 454

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

1. PLACE OF DEATH:

(a) County Callaway

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

(c) Name of hospital or institution:
State Hospital #1
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 1 m. 16 days
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County Callaway

(c) City or town Louisa
(If outside city or town limits, write "RURAL") 2

(d) Street No. _____ (If rural, give location)

(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Louisa C. Chapuis

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. French 5. Color or race W

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

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased Nov 6 1858
(Month) (Day) (Year)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 29 year 1943 hour 5 minute 0 M.

21. I hereby certify that I attended the deceased from 11-13 1943 to 12-29 1943
that I last saw her alive on 12-29 1943
and that death occurred on the date and hour stated above.
Immediate cause of death acute cardiac decompensation

8. AGE: Years Months Days If less than one day

85 1 23 _____ hr. _____ min.

Due to _____

Due to 9502

9. Birthplace Bourgeoisland 5
(City, town, or county) (State or foreign country)

10. Usual occupation DK

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

Major findings: Of operations _____

Of autopsy _____

11. Industry or business _____

12. Name Alex. C. Bolanney

13. Birthplace St. Louisland 5
(City, town, or county) (State or foreign country)

14. Maiden name Antonia ?

15. Birthplace Bourgeoisland 5
(City, town, or county) (State or foreign country)

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? _____

16. (a) Informant Richard

(b) Address _____

17. (a) Burial (b) Date thereof 1 1 44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Temple Valley Mo.

18. (a) Signature of funeral director Temple Valley Mo.

(b) Address _____

19. (a) 12-30-43 (b) Joel Morschhoff
(Date received local registrar) (Registrar's signature)

(Specify type of place)

While at work? _____ (c) Means of injury _____

23. Signature R. E. Sherrill (M. D. or other) _____

Address London Mo 12/29/43

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 *Geo O. Hegner*.....

Licensed Embalmer No. *3773*.....

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.