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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAY 15 1944

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

15962

State File No.

Registration District No. 340 Primary Registration District No. 6152 Registrar's No. 13

1. PLACE OF DEATH

(a) County Stoddard

(b) City or town Rural Near Vinson Mo
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Died in home! Liberty Mo
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution ✓ (Specify whether
In this community 3 yrs.
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Stoddard

(c) City or town Rural—Near Vinson Mo
(If outside city or town limits, write "RURAL")

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

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

If yes, name country

3. (a) PRINT FULL NAME PEARLEY-BELL-CHAPPELL

3. (b) If veteran, name war None

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 John Chappell

6. (c) Age of husband or wife if alive 49 years

7. Birth date of deceased Jan. (Month) 24 (Day) 1903 (Year)

8. AGE: Years 41 Months 2 Days 1 If less than one day hr. min.

9. Birthplace Dexter (City, town, or county) Mo. (State or foreign country)

10. Usual occupation House wife.

11. Industry or business ✓

FATHER
12. Name Bill Hull
13. Birthplace Ind. (City, town, or county) State 1 (State or foreign country)

MOTHER
14. Maiden name Mary Cain
15. Birthplace Ind. (City, town, or county) State 1 (State or foreign country)

16. (a) Informant John Chappell
(b) Address Varma, Mo. Rt I

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Mar. 28-44 (Month) (Day) (Year)
(c) Place: burial or cremation Bernie Mo

18. (a) Signature of funeral director Watkins Fun Service
(b) Address Varma Mo.

19. (a) 4-8-44 (Date received local registrar) (b) Cardie Miller (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Mar. day 25 year 1944 hour 5 minute 00 A. M.

21. I hereby certify that I attended the deceased from March 10 - 1944 to March 25 1944 that I last saw her alive on March 10 - 1944 and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of Uterus D.K.

Due to —

Due to —

Other conditions — (Include pregnancy within 3 months of death)

48 b

Major findings:
Of operations Inoperable Carcinoma of Uterus
Of autopsy no

Duration

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) no

(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 S. S. Davis (M. D. or other)

Address Dexter Mo Date signed 3-26-44

1133

(Licensed Embalmer's Statement on Reverse Side)

NOV 29 1944

RECEIVED
District Health Office No. 2,
District File Number 544-231
Date Filed 5-11-44

JAN 26 1945

OCT 15 1951

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 Hunter Albritt

Licensed Embalmer No. 4210

P. O. Address Sikeston Mo

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

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