

FILED JUL 8 1944

Registration District No. **27**

Primary Registration District No. **3010**

Registrar's No. **211**

1. PLACE OF DEATH
(a) County: **Cape Girardeau**
(b) City or town: **Delta**
(c) Name of hospital or institution: **South East Mo. Hospital**
(d) Length of stay: In hospital or institution: **1 hr.**
In this community **1 hr.**

2. USUAL RESIDENCE OF DECEASED:
(a) State: **Missouri** (b) County: **Cape Girardeau**
(c) City or town: **Delta**
(d) Street No.: **0**
(e) Citizen of foreign country? **No**

3. (a) PRINT FULL NAME: **Billie Franklin Chapman**
(b) If veteran, name war: **No**
(c) Social Security No.: **199-10-8037**

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month **June** day **25th**
year **1944** hour **12** minute **45 A.M.**

4. Sex: **male**
5. Color or race: **white**
6. (a) Single, widowed, married, divorced: **single**
6. (b) Name of husband or wife: **0**
6. (c) Age of husband or wife if alive: **years**
7. Birth date of deceased: **Aug 23 - 1927**

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;
that I last saw h_____ alive on _____, 19____;
and that death occurred on the date and hour stated above.

8. AGE: Years **16** Months **10** Days **1**
If less than one day hr. _____ min. _____
9. Birthplace: **Delta Mo. U.**
10. Usual occupation: **housework**

Immediate cause of death: **Broken Neck + a Fracture of the Skull**
Due to: **Being struck by an automobile**
Other conditions: **170e - 21**

MOTHER, FATHER {
12. Name: **Lester Chapman**
13. Birthplace: **Fredericktown Mo. U.**
14. Maiden name: **Rosa Jones**
15. Birthplace: **Delta Mo. U.**
16. (a) Informant: **Lester Chapman**
(b) Address: **Delta Mo.**
17. (a) **burial** (b) Date thereof: **6-27-44**
(c) Place: burial or cremation: **Dry Gap Cemetery**
18. (a) Signature of funeral director: **J. H. Hawell**
(b) Address: **Cape Girardeau Mo.**
19. (a) **7-1-44** (b) **F. W. Phelps**

Major findings: **170e - 21**
Of operations: _____
Of autopsy: _____
22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify): **Accident 115**
(b) Date of occurrence: **June 25 1944**
(c) Where did injury occur: **Cape Girardeau Cape Mo.**
(d) Did injury occur in or about home, on farm, in industrial place, in public place?
On Highway 61
While at work? **No** (Specify type of place)
(e) Means of injury: **Automobile**
23. Signature: **Dr. J. P. Lyman** (M.D. or other) **Coroner**
Address: **Jackson Mo.** Date signed **6/25/44**

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

1614

RECEIVED

District Health Officer No. 4

District File Number 744-4062

Date Filed 7-7-44

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 W. H. Estes

Licensed Embalmer No. 3566

P. O. Address Cape Girardeau 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.