

FILED SEP 8 1944

Registration District No.

Primary Registration District No. 4469

Registrar's No. 37

95
1
1

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

1. PLACE OF DEATH:

(a) County... ST. GENEVIEVE

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

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

(d) Length of stay: In hospital or institution.....
(Specify whether)

In this community... LIFE
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State... MISSOURI (b) County... ST. GENEVIEVE

(c) City or town... ST. GENEVIEVE
(If outside city or town limits, write "RURAL")

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

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

If yes, name country..... 0

3. (a) PRINT FULL NAME Benjiman Chappell

3. (b) If veteran, name war.....

3. (c) Social Security No. 90-24-634

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug. day 22 year 1944 hour 10 minute 40 P.M.

21. I hereby certify that I attended the deceased from Aug 20 1944 to Aug 22 1944 that I last saw him alive on Aug 22/1944 and that death occurred on the date and hour stated above.

4. Sex M. 5. Color or race Colored 6. (a) Single, widowed, married, divorced Single

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

7. Birth date of deceased Jan. 26 1911
(Month) (Day) (Year)

Immediate cause of death Broncho-Pneumonia Duration 2 days

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

33 6 26 hr. min.

Due to.....

Due to.....

Other conditions (include pregnancy within 3 months of death) 107

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

10. Usual occupation Janitor

PHYSICIAN

Underline the cause to which death should be charged statistically.

11. Industry or business.....

12. Name Wayman Chappell

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

14. Maiden name Beryl Jones

15. Birthplace St. Genevieve Mo
(City, town, or county) (State or foreign country)

16. (a) Informant Wayman Chappell

(b) Address Blind Michigan

17. (a) Burial (b) Date thereof Aug. 24, 1944
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St. Genevieve Mo

18. (a) Signature of funeral director W. C. Bush

(b) Address St. Genevieve Mo

19. (a) Aug 23/44 (b) T. W. Douglas
(Date registered 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) (c) Means of injury 0

23. Signature Arthur E. Johnson (M. D. or other) MD

Address St. Gen. S. V. C. Mo Date signed 8-23-44

RECEIVED

District Health Officer No. 4
District File Number 944-4312
Date Filed 9-7-44

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.....

Geo. C. Basler

Licensed Embalmer No. 1985

P. O. Address.....

St. Lawrence 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.