

FILED SEP 21 1944

State File No. \_\_\_\_\_

Registration District No. 252

Primary Registration District No. 4782

Registrar's No. 6

1. PLACE OF DEATH:

(a) County Madaway  
 (b) City or town Parnell, Mo.  
(If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution: \_\_\_\_\_  
(If not in hospital or institution, write street number or location) 1  
 (d) Length of stay: In hospital or institution \_\_\_\_\_  
(Specify whether  
 In this community 40 yrs.  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Madaway  
 (c) City or town Parnell  
(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 \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug day 4  
 year 1944 hour 6 minute 30 A.M.  
 21. I hereby certify that I attended the deceased from Aug 1944  
 1944 to Aug 4 1944  
 that I last saw him alive on Aug 2 1944  
 and that death occurred on the date and hour stated above.

Immediate cause of death angina Pectoris Duration 6 days

Due to \_\_\_\_\_  
 Due to \_\_\_\_\_

Other conditions none  
(Include pregnancy within 3 months of death)

Major findings:  
 Of operations no  
 Of autopsy no

PHYSICIAN  
 \_\_\_\_\_  
 Underline the cause to which death should be charged statistically.

3. (a) PRINT FULL NAME John Samuel Chapman

3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. ✓

4. Sex m 5. Color or race W 6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife Emma Chapman 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased Oct 24 1875  
(Month) (Day) (Year)

8. AGE: Years 68 Months 9 Days 10 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

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

10. Usual occupation Section Hand on B.M.R.

11. Industry or business Great Western P.R.

12. Name Thomas Chapman

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

14. Maiden name Emma Smith

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

16. (a) Informant Gaul Chapman

(b) Address Parnell, Mo.

17. (a) burial (b) Date thereof 8-7-44  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Parnell, Mo.

18. (a) Signature of funeral director Arch C. Dangle

(b) Address Grant City Mo.

19. (a) 8/11/44 (b) OK Payler  
(Date received local registrar) (Registrar's signature)

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

4  
 20

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**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.....

*Arch C. Duffel*

Licensed Embalmer No.....

*3252*

P. O. Address.....

*Grant City, 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.**