S. No. 2
M—2-43
. 5-17-39
1 X35697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUL 14 1945

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 20567

Registration District No. 157 Primary Registration District No. 3028 Registrar's No. 131

9
1
3

1. PLACE OF DEATH:

(a) County: Jasper

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

(c) Name of hospital or institution: McCune-Brooks Hospital 6
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution: 3 days (Specify whether years, months or days)

In this community

2. USUAL RESIDENCE OF DECEASED:

(a) State: Missouri (b) County: Jasper 49

(c) City or town: Carthage 1
(If outside city or town limits, write "RURAL")

(d) Street No.: Third & Fulton Sts. 3
(If rural, give location)

(e) Citizen of foreign country? No 0 (Yes or No)

If yes, name country: - - -

3. (a) PRINT FULL NAME: Perry Byrd Chappell

3. (b) If veteran, name war: No

3. (c) Social Security No.: None

4. Sex: Male 1

5. Color or race: White

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

6. (b) Name of husband or wife:

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

7. Birth date of deceased: April (Month) 12 (Day) 1874 (Year)

8. AGE: Years 71 Months 2 Days 18 If less than one day hr. min.

9. Birthplace: Calhoun County (City, town, or county) Michigan (State or foreign country)

10. Usual occupation: Farmer (retired)

11. Industry or business: None

MOTHER FATHER

12. Name: William Chappell

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

MOTHER

14. Maiden name: Eliza Price

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

16. (a) Informant: W. W. Chappell

(b) Address: Carthage, Missouri

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: July 5, 1945 (Month) (Day) (Year)

(c) Place: burial or cremation: Arthur Cemetery

18. (a) Signature of funeral director: Knell Mortuary

(b) Address: Carthage, Missouri

19. (a) July 3 '45 (Date received by local registrar) (b) Elizabeth Coughlin (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 30 year 1945 hour 11 minute 10 P. M.

21. I hereby certify that I attended the deceased from June 28, 1945, to June 30, 1945; that I last saw him alive on June 30, 1945; and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Toxic condition	
operated thru Navel	
Due to Cancer of Prostate	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations: B/N
Of autopsy

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)

(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: T. C. Baker (M. D.)

Address: Pittsburg Mo Date signed 7-2-45

1203 (Licensed Embalmer's Statement on Reverse Side)

45-6-560

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 Emm L Kinell

Licensed Embalmer No. 391

P. O. Address Carthage

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.