

S. No. 2
M-5-43
7. 5-17-39
I X3667

DEPARTMENT OF COMMERCE THE STATE BOARD OF HEALTH OF MISSOURI
BUREAU OF THE CENSUS
FILED AUG 3 1945 STANDARD CERTIFICATE OF DEATH

State File No. **21769**
Registrar's No. **6350**

Registration District No. **318** Primary Registration District No. **1003**

1. PLACE OF DEATH:
(a) County _____
(b) City or town **St. Louis,**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Missouri Pacific Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **14 days** (Specify whether _____)
In this community **14 days**
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State **Kansas** (b) County **Phillips** **999**
(c) City or town **Logan** **14**
(If outside city or town limits, write "RURAL") **ONR**
(d) Street No. _____ (If rural, give location)
(e) Citizen of foreign country? **2** (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME **Thomas Albert Chapman**
(b) If veteran, name war **none**
(c) Social Security No. **702-14-3731**

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month **July** day **22**
year **1945** hour **4** minute **25 a.m.**
21. I hereby certify that I attended the deceased from **July 8**
1945, to **July 22** 19**45**
that I last saw him alive on **July 22** 19**45**
and that death occurred on the date and hour stated above.

4. Sex **Male** 5. Color or race **White**
6. (a) Single, widowed, married, divorced **Married**
7. Birth date of deceased **Sept. 19 1878**
(Month) (Day) (Year)

Immediate cause of death
Acute Coronary Occlusion
Due to **arteriosclerotic heart disease** years
Due to **93**

8. AGE: Years **66** Months **10** Days **3**
If less than one day hr. min.

Other conditions **Post op. prostatic resection**
(Include pregnancy within 3 months of death)
Major findings: **Senile emphysema, Cystitis**
Benign Prostatic Hypertrophy
Of operations _____
Of autopsy _____

9. Birthplace **Logan Kansas**
(City, town, or county) (State or foreign country)
10. Usual occupation **Retired Motor Car Operator**
11. Industry or business **Mo. Pac. R. R. Co.**
12. Name **Francis M. Chapman**
13. Birthplace **Unknown**
(City, town, or county) (State or foreign country)
14. Maiden name **Jane B. McFadden**
15. Birthplace **Unknown**
(City, town, or county) (State or foreign country)
16. (a) Informant **Max Chapman**
(b) Address **Logan, Kansas**
17. (a) Removal **7/23/45** (b) Date thereof (Month) (Day) (Year)
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation **Logan, Kansas**
18. (a) Signature of funeral director **Robert J. Ambruster**
(b) Address **Clayton Rd. at Concordia Lane**
19. (a) **JUL 23 1945** (b) **J. Mahesh**
(Date received 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) (e) Means of injury _____
23. Signature **J. Mahesh** (M. D. or other) _____
Address **1755 S. Grand** Date signed **7/27/45**

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

AUG 20 1945

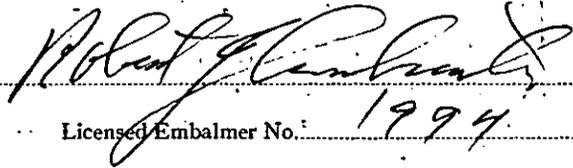
STATEMENT BY LICENSED EMBALMER

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.....



Licensed Embalmer No. 1994.....

P. O. Address.....

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.