S. No. 2
M—2-43
v. 5-17-39
X25697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

24214

FILED JUL 26 1945

State File No.

Registration District No. 156

Primary Registration District No. 2001

Registrar's No. 310-1

1. PLACE OF DEATH:

(a) County Jasper

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

(c) Name of hospital or institution: St. John's Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 1 week (Specify whether
In this community 4 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jasper

(c) City or town Joplin
(If outside city or town limits, write "RURAL")

(d) Street No. 1216 Franklin Drive
(If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME Dorothy Dean Chapman

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex female

5. Color or race white

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

6. (b) Name of husband or wife Ray Chapman

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

7. Birth date of deceased November 15, 1913
(Month) (Day) (Year)

8. AGE: Years 31 Months 7 Days 19 If less than one day hr. min.

9. Birthplace Jackson county (City, town, or county) Tennessee (State or foreign country)

10. Usual occupation housewife

11. Industry or business

FATHER
12. Name B. J. Smith
13. Birthplace (City, town, or county) Tennessee (State or foreign country)

MOTHER
14. Maiden name Sarah Wright
15. Birthplace (City, town, or county) Tennessee (State or foreign country)

16. (a) Informant Ray Chapman
(b) Address 1216 Franklin, Joplin, Mo.

17. (a) burial (Burial, cremation, or removal) (b) Date thereof 7/7/45 (Month) (Day) (Year)
(c) Place: burial or cremation Ozark Memorial Park

18. (a) Signature of funeral director PARKER-HUNSAKER
(b) Address 1502 Joplin, Joplin, Missouri

19. (a) 7-5-45 (Date received local registrar) (b) Gertrude Sudhoeller (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 4
year 1945 hour 6 minute A.M.

21. I hereby certify that I attended the deceased from 6/27/45, 19..., to 7/4/45, 19...;
that I last saw her alive on July 4, 1945
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death toxicity from paralytic ileus	
Due to gangrenous ileum from valvaless due to post operative	
Due to adhesions from previous operations.	
Other conditions none (Include pregnancy within 3 months of death)	

Major findings:
Of operations resection of terminal ileum, lateral anastomosis.
Of autopsy none

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 E. Ernest Johnson, M.D.
Address 616-617 Frisco Date signed 7/5/45

(Licensed Embalmer's Statement on Reverse Side)

45-7-586

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 F. M. Jones

Licensed Embalmer No. 2319

P. O. Address Joplin 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.