S. No. 2
M—5-42
. 5-17-39
I X32873

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED SEP 6 1945

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

27678

State File No.

Registration District No. 162 Primary Registration District No. 5595 Registrar's No. 17

1. PLACE OF DEATH:

(a) County Jefferson

(b) City or town Rt 1 - Rural - Rock Township
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: At Starling Airport 3
(If not in hospital or institution, write street number or location)

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

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St Louis 96

(c) City or town Clayton 2
(If outside city or town limits, write "RURAL")

(d) Street No. 1020 Claytonia Terr. 3
(If rural, give location)

(e) Citizen of foreign country? no. (Yes or No) 1

If yes, name country

3. (a) PRINT FULL NAME Randall N. Chapman.

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex Male. 0

5. Color or race White.

6. (a) Single, widowed, married, divorced Married 1

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

6. (c) Age of husband or wife if alive 30 years

7. Birth date of deceased Feburary (Month) 23, (Day) 1916. (Year)

8. AGE:

Years	Months	Days	If less than one day
29.	5.	19.	hr. min.

9. Birthplace Sioux Falls, (City, town, or county) S. Dakota. (State or foreign country) 1

10. Usual occupation Chief Engineer.

11. Industry or business Laister - Kauffman Aircraft Corp.

FATHER
12. Name John C. Chapman.
13. Birthplace Unknown. (City, town, or county) 9 (State or foreign country)

MOTHER
14. Maiden name Madge Corwin.
15. Birthplace Unknown. (City, town, or county) 9 (State or foreign country)

16. (a) Informant Margaret Chapman. 1

(b) Address 1020 Claytonia Terr.,

17. (a) Removel. (Burial, cremation, or removal) (b) Date thereof 8/13/45 (Month) (Day) (Year)

(c) Place: burial or cremation Detroit, Michigan/

18. (a) Signature of funeral director C. R. Lupton & Sons.

(b) Address 7233 Delmar Blvd.,

19. (a) 8/16/1945 (Date received local registrar) (b) Cst Clement (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 12 day August year 1945 hour 4 45 minute P M.

21. I hereby certify that I attended the deceased from ....., 19...., to ....., 19....; that I last saw h..... alive on ....., 19....; and that death occurred on the date and hour stated above.

Immediate cause of death Verdict of Jury

Due to an accident, ~~result~~ result of glider crash caused by.

~~Due to~~ Wing breaking off of glider

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

173 8 24

Duration

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)~~ 50

(b) Date of occurrence 8/12/45

(c) Where did injury occur Rt 1 - Kimmswick (City or town) Jefferson (County) Mo (State)

(d) Did injury occur in or about ~~home, on farm, in industrial place, in~~ public place? Starling Airport Jeff County (Specify type of place) Body completely crushed

While at work? (e) Means of injury

23. Signature Cst Clement Jr Atty Coron 3 (M. D. or other)

Address Kimmswick Mo Date signed 8/12/45

1266 (Licensed Embalmer's Statement on Reverse Side)

MAR 29 1948

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 J. D. Lupton

Licensed Embalmer No. 2122

P. O. Address St. Louis, 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.