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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JAN 11 1946

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

42047

State File No.

Registration District No. 267 Primary Registration District No. 3649 Registrar's No. 4

1. PLACE OF DEATH:
(a) County Pemiscot
(b) City or town Hayti
(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)
(d) Length of stay: In hospital or institution (Specify whether years, months or days)
In this community 21 years

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Pemiscot 78
(c) City or town Hayti 2
(If outside city or town limits, write "RURAL")
(d) Street No. /
(If rural, give location)
(e) Citizen of foreign country? (Yes or No) 0
If yes, name country

3. (a) PRINT FULL NAME EMERY CHAPMAN
3. (b) If veteran, name war No
3. (c) Social Security No. None
4. Sex Male 2
5. Color or race Colored
6. (a) Single, widowed, married, divorced Divorced
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Birth date of deceased March 26, 1896 (Month) (Day) (Year)
8. AGE: Years 49 Months 9 Days 0 If less than one day hr. min.
9. Birthplace St Francis County, Arkansas (City, town, or county) (State or foreign country) 1
10. Usual occupation Retired
11. Industry or business
MOTHER FATHER
12. Name Oscar Chapman
13. Birthplace Middleton Tennessee (City, town, or county) (State or foreign country) 1
14. Maiden name Mattie Purdie
15. Birthplace Middleton Tennessee (City, town, or country) (State or foreign country) 1
16. (a) Informant Oscar Chapman
(b) Address 183 Lake St Pontiac, Mich
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 1-3-45 (Month) (Day) (Year)
(c) Place: burial or cremation
18. (a) Signature of funeral director J. L. German
(b) Address Steele, Missouri Box 121
19. (a) 1-3-46 (Date received local registrar) (b) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 26 year 1945 hour 1 minute 45 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 Unknown Possibly a Paralytic stroke according to friends who were present. — Duration

Due to

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings:
Of operations

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 Jack Kelly Coroner (M. D. or other)
Address Hayti Mo Date signed 12 26 45

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

143 (Licensed Embalmer's Statement on Reverse Side)

12-45-248

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 John H German

Licensed Embalmer No. 4355

P. O. Address Steele, Mo Box 121

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.