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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JAN 28 1946

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 3671

Registration District No. 218 Primary Registration District No. 3054 Registrar's No.

1. PLACE OF DEATH:
(a) County: Pike
(b) City or town: Louisiana (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 1600 South Carolina St. (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: 4 years

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County: Pike 82
(c) City or town: Louisiana 2 (If outside city or town limits, write "RURAL")
(d) Street No.: 1600 South Carolina (If rural, give location)
(e) Citizen of foreign country? No (Yes or No?) If yes, name country: —

3. (a) PRINT FULL NAME: Clara Jane Chappell
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: Edward Chappell
6. (c) Age of husband or wife if alive: 74 years
7. Birth date of deceased: September (Month) 23 (Day) 1868 (Year)
8. AGE: Years 77 Months 3 Days 6 If less than one day hr. min.
9. Birthplace: Pike County (City, town, or county) Mo (State or foreign country)
10. Usual occupation: Housewife
11. Industry or business: At Home.
MOTHER FATHER
12. Name: Ezra H Martin
13. Birthplace: Pike Co (City, town, or county) Mo (State or foreign country)
14. Maiden name: Martha Boyd
15. Birthplace: Pike Co (City, town, or county) Mo (State or foreign country)
16. (a) Informant: Edward Chappell
(b) Address: Louisiana Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 1/31/46 (Month) (Day) (Year)
(c) Place: burial or cremation: Riverview Cem.
18. (a) Signature of funeral director: Garner & Sterne
(b) Address: Louisiana, Mo.
19. (a) 12/31 (Date received local registrar) (b) Margaret E. Stephens (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 29th year 1945 hour 7:00 minute P.M.
21. I hereby certify that I attended the deceased from Dec. 29. 1945 to Dec. 29. 1945 that I last saw her alive on Dec. 29. 1945 and that death occurred on the date and hour stated above.

Immediate cause of death: Apoplexy — About 45 Min.
Due to: Arteriosclerosis Many years.
Due to:
Other conditions (Include pregnancy within 3 months of death): none
Major findings: Of operations: none
Of autopsy: none

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): no
(b) Date of occurrence: no
(c) Where did injury occur? no (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? none (Specify type of place)
While at work? no (e) Means of injury: —
23. Signature: Charles P. Lewellen, M.D. (M. D. or other)
Address: Louisiana, Mo. Date signed: 12/31/45

252 (Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 10
District File Number 1-46-175
Date Filed JAN 25 1946

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 Harold V. Garner

Licensed Embalmer No. 3720

P. O. Address Louisiana M

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply w the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.

No. 2B
M—3-45
P I X43880

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 7-6

Registration District No. 278 Primary Registration District No. 3054 Registrar's No.

1. PLACE OF DEATH:
(a) County Pike
(b) City or town Louisiana
(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

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

3. (a) PRINT FULL NAME Clara J. Chappell
3. (b) If veteran, name war
3. (c) Social Security No.

4. Sex F
5. Color or race W
6. (a) Single, widowed, married, divorced M
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive

7. Birth date of deceased Sept 23 1867 (Month) (Day) (Year)

8. AGE: Years | Months | Days | If less than one day hr. min.

9. Birthplace (City, town, or county) (State or foreign country)
10. Usual occupation
11. Industry or business
FATHER 12. Name
FATHER 13. Birthplace (City, town, or county) (State or foreign country)
MOTHER 14. Maiden name
MOTHER 15. Birthplace (City, town, or county) (State or foreign country)
16. (a) Informant
(b) Address
17. (a) (Burial, cremation, or removal) (b) Date thereof (Month) (Day) (Year)
(c) Place: burial or cremation
18. (a) Signature of funeral director
(b) Address
19. (a) 1/1/46 (Date received local registrar) (b) Margaret E. Stephens (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 9 year 1945 hour minute 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 — 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 (M. D. or other)
Address Date signed

SUPPLEMENTARY

3071