

FILED MAR 29 1946

Registration District No. 33

Primary Registration District No. 6187

1. PLACE OF DEATH:

(a) County Tommy Co  
(b) City or town Rural & Big Creek  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: near Protium mo  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether  
In this community 50 years years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Tommy  
(c) City or town Rural  
(If outside city or town limits, write "RURAL")  
(d) Street No. near Protium mo  
(If rural, give location)  
(e) Citizen of foreign country? no (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME RICHARD L. CHAPMAN

3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

4. Sex m 5. Color or race w 6. (a) Single, widowed, married, divorced ?  
6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if  
alive \_\_\_\_\_ years

7. Birth date of deceased Dec 23 1853  
(Month) (Day) (Year)

8. AGE: Years 92 Months 1 Days 4 If less than one day  
hr. \_\_\_\_\_ min. \_\_\_\_\_

9. Birthplace Dallas Co mo  
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business \_\_\_\_\_

12. Name Elia Chapman

13. Birthplace Tenn  
(City, town, or county) (State or foreign country)

14. Maiden name Ella, Whites

15. Birthplace Tenn  
(City, town, or county) (State or foreign country)

16. (a) Informant Fate Chapman

(b) Address Protium mo

17. (a) Burial (b) Date thereof Jan 28 1946  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Rhodes Cemetery

18. (a) Signature of funeral director Rhodes

(b) Address Protium mo

19. (a) Feb 19 1946 C. R. Allaman  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 27  
year 1946 hour 140 minute A M.

21. I hereby certify that I attended the deceased from July 1944 to Jan 27 1946  
that I last saw him alive on Jan 24 1946  
and that death occurred on the date and hour stated above.

Immediate cause of death: Lobar Pneumonia Duration 7 days

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions: \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Major findings: \_\_\_\_\_  
Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

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. J. Sterman (M. D. or other) \_\_\_\_\_

Address Salisbury Mo Date signed 2/28/46

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

1087A

RL Lived  
District Health Officer No. 6,  
District File Number 346-398  
Date Filed MAR 25 1946

This Body was not Embalmed.

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 Lawrence L Hall  
Licensed Embalmer No. 2784  
P. O. Address Greensville 2

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.