

FILED JUL 16 1946

Registration District No. 257

Primary Registration District No. 3028

Registrar's No. 109

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

1. PLACE OF DEATH:

(a) County Jasper

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

(c) Name of hospital or institution:
606 East 3rd 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 Lifetime

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jasper 49

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

(d) Street No. 606 E. 3rd St.
(If rural, give location)

(e) Citizen of foreign country? No. (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME DANIEL ABNER CHAPMAN

3. (b) If veteran, name war None

3. (c) Social Security No. 494-18-6274

4. Sex Male

5. Color or race White

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

6. (b) Name of husband or wife Ethel Lawyer Chapman

6. (c) Age of husband or wife if alive 58 years

7. Birth date of deceased October 23, 1881
(Month) (Day) (Year)

8. AGE: Years 64 Months 8 Days 14
If less than one day hr. _____ min. _____

9. Birthplace Jasper County, Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Ret'd. Farming

11. Industry or business _____

12. Name C. C. Chapman

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

14. Maiden name Caldora Dunn

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

16. (a) Informant Mrs. D. A. Chapman

(b) Address Carthage, Missouri

17. (a) Burial (b) Date thereof 6-10-46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation New Hope Cemetery

18. (a) Signature of funeral director Ed. C. Ulmer

(b) Address Carthage, Mo.

19. (a) 6-8-46 (b) L. B. Clinton
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 7, year 1946 hour 3:15 minute P. M.

21. I hereby certify that I attended the deceased from Feb 19, 1946 to June 7, 1946; that I last saw him alive on Feb 18, 1946 and that death occurred on the date and hour stated above.

Immediate cause of death
Coronary occlusion Myocarditis Chronic

Duration Sudden death 3 yrs

Due to _____

Due to _____

Other conditions _____
(Include pregnancy within 3 months of death)

Major findings: Of operations none g/c

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 6-7-46

(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? _____

While at work? _____
(Specify type of place) (e) Means of injury

23. Signature George H. Wood (M. D. or other)

Address Carthage, Mo Date signed 8 June 46

46-6-584

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..... *E. J. Williams*

Licensed Embalmer No..... *2222*

P. O. Address..... *Carthage*

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.