

S. No. 2
4-1-441
7. 5-17-39
X25390

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED SEP 6 1946

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 26479

Registration District No. 50

Primary Registration District No. 5176

Registrar's No. 35

1. PLACE OF DEATH:
(a) County Cassidy
(b) City or town Rural Anglage Twp.
(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.....
In this community 14 yrs. (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo (b) County Cassidy
(c) City or town Anglage Twp Rural
(d) Street No.....
(e) Citizen of foreign country? no (Yes or No)
If yes, name country.....

3. (a) PRINT FULL NAME Mary Henson Chapman
3. (b) If veteran, name war.....
3. (c) Social Security No.....

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month July day 18
year 1946 hour 7:13 minute 30 A.M.
21. I hereby certify that I attended the deceased from April 15 1946 to July 18 1946
that I last saw her alive on July 17 1946
and that death occurred on the date and hour stated above.

4. Sex female 5. Color or race white
6. (a) Single, widowed, married, divorced widowed
6. (b) Name of husband or wife Jose Chapman
6. (c) Age of husband or wife if alive years
7. Birth date of deceased June 10 1859
(Month) (Day) (Year)

Immediate cause of death Coronary disease of the heart - 2 mos
Due to.....
Due to.....

8. AGE: Years Months Days If less than one day
87 1 8 hr. min.

Other conditions (Include pregnancy within 3 months of death)
Major findings:
Of operations.....
Of autopsy.....

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

10. Usual occupation house wife

11. Industry or business.....

12. Name unknown
13. Birthplace Ill
(City, town, or county) (State or foreign country)

14. Maiden name unknown
15. Birthplace Ill
(City, town, or county) (State or foreign country)

16. (a) Informant Jesse Henson
(b) Address 1 Standard Mo

17. (a) Burial (b) Date thereof July 19 1946
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Standard Cemetery

18. (a) Signature of funeral director [Signature]
(b) Address [Address]

19. (a) Aug 20 1946 (b) Zilpha J. Draw
(Date received local registrar) (Registrar's signature)

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?.....
(d) Did injury occur in or about home, on farm, in industrial place, in public place?
While at work (Specify type of place) (c) Means of injury ?

23. Signature C. E. Barton (M. D. certifier)
Address Standard Date signed 8-19-46

Had to Return for Signature (Licensed Embalmer's Statement on Reverse Side)

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

25000

RENEWED

7-46-890

8-20-46

Date Filed

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.....

Not

....., Registered Apprentice No.....

working under my personal supervision.

This body was not

embalmed

Signed

[Signature]

Licensed Embalmer No.....

P. O. Address.....

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.