

1. PLACE OF DEATH:

(a) County DeKalb
(b) City or town Union Star, Mo. (Rural) Folk
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 1

(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____ (Specify whether _____)

In this community 5 yrs
years, months or days

3. (a) PRINT FULL NAME Harry B. 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, married

6. (b) Name of husband or wife Mabel Chapman 6. (c) Age of husband or wife if alive 66 years

7. Birth date of deceased May 27, 1874
(Month) (Day) (Year)

8. AGE: Years 72 Months 10 Days 8 If less than one day _____ hr. _____ min.

9. Birthplace Union Star, Mo
(City, town, or county) (State or foreign country)

10. Usual occupation Retired Farmer

11. Industry or business _____

MOTHER FATHER
12. Name Robert Chapman
13. Birthplace Ashland, Ohio
(City, town, or county) (State or foreign country)
14. Maiden name Lucy Ann Wilson
15. Birthplace Ashland, Ohio
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Mabel Chapman

(b) Address Union Star, Mo.

17. (a) Burial (b) Date thereof April 7, 1947
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Union Star, Mo.

18. (a) Signature of funeral director Lucy M. Wilson

(b) Address Kings City, Mo.

19. (a) 6-10-47 (b) Raece Davidson
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County DeKalb 32
(c) City or town Union Star, Mo Rural 0
(If outside city or town limits, write "RURAL")

(d) Street No. _____ (If rural, give location) _____
(e) Citizen of foreign country? No (Yes or No) _____

If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Apr day 5
year 1947 hour 12 Noon minute _____ M.

21. I hereby certify that I attended the deceased from Apr 3 1947 to Apr 5 1947
that I last saw him alive on Apr 4 1947
and that death occurred on the date and hour stated above.

Immediate cause of death Diabetic Coma 2 days

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? _____

While at work _____ (Specify type of place) _____
(e) Means of injury _____
23. Signature E. M. Reynolds (M. D. or other) _____
Address Union Star Date signed 4-8-47

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

32
0
0

DISTRICT HEALTH OFFICE
Cameron, Mo.

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..... *Lucile M. Wilson*

Licensed Embalmer No. *2830*

P. O. Address..... *King City, Mo*

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.