

No. 2
M-5-43
5-17-39
I X36671

FILED JUN 14 1947

Registration District No. **164**

Primary Registration District No. **3032**

Registrar's No. **54**

1. PLACE OF DEATH:

(a) County **Johnson**

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

(c) Name of hospital or institution: **Warrensburg Hospital & Clinic**
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution **7 Days**
(Specify whether years, months or days)

In this community **45 Yrs**
(Specify whether years, months or days)

3. (a) PRINT FULL NAME **Christina Frick Chappellear**

3. (b) If veteran, name war **no**

3. (c) Social Security No. **no**

4. Sex **Male**

5. Color or race **White**

6. (a) Single, widowed, married, divorced **Widowed**

6. (b) Name of husband or wife **A. J. Chappellear**

6. (c) Age of husband or wife if alive **Deceased**

7. Birth date of deceased **Aug 12 1868**
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	78	9	19	hr. min.

9. Birthplace **Germany**
(City, town, or county) (State or foreign country)

10. Usual occupation **House Wife**

11. Industry or business **No Inf. unknown.**

MOTHER, FATHER

12. Name **No Inf. unknown.**

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

14. Maiden name **unknown**

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

16. (a) Informant **William Chappellear**

(b) Address **Freemont, Nebraska**

17. (a) **burial** (Burial, cremation, or removal)

(b) Date thereof **6/3/1947**
(Month) (Day) (Year)

(c) Place: burial or cremation **Plesant Grove Cem**

18. (a) Signature of funeral director **Sweeney Phillips**

(b) Address **Warrensburg, Mo.**

19. (a) **6-3-47** (Date received from Registrar)

(b) **Savannah Crestfield** (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Johnson**

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

(d) Street No. **609, Missouri**
(If rural, give location)

(e) Citizen of foreign country? **No** (Yes or No)

If yes, name country.....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **May** day **31** year **1947** hour **1** minute **P.** M.

21. I hereby certify that I attended the deceased from **May 29** 19**47**, to **May 31** 19**47** that I last saw her alive on **May 31** 19**47** and that death occurred on the date and hour stated above.

Immediate cause of death **Left Cerebral Hemorrhage** Duration **2 days**

Due to **Progressive Arterio Sclerotic disease** **24y**

Due to.....

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations.....

Of autopsy **930**

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.....

Signature **W. Phillips** (M. D. or other).....

Address **Warrensburg, Mo.** Date signed **June 3, 1947**

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

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..... *J. Earl Priest*

Licensed Embalmer No. *3878*

P. O. Address *Warrensburg 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.