No. 2
1/47
17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED SEP 8 1947

Registration District No. 149

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1002

State File No. 27623

Registrar's No. 3680

1. PLACE OF DEATH:
(a) County Jackson
(b) City or town Kansas City
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: K.C. General Hospital No. 1 0
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1 day (Specify whether
In this community 1 day
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Jackson 48
(c) City or town Kansas City 3
(If outside city or town limits, write "RURAL")
(d) Street No. 3512 E. 12th. 6
(If rural, give location) 0
(e) Citizen of foreign country? no (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Chapman infant

3. (b) If veteran, name war no

3. (c) Social Security No. none

4. Sex Fem. 1

5. Color or race wh.

6. (a) Single, widowed, married, divorced Single 0

6. (b) Name of husband or wife

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

7. Birth date of deceased 8 (Month) 24 (Day) 47 (Year)

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

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

10. Usual occupation infant

11. Industry or business

FATHER
12. Name Homer Chapman
13. Birthplace Okla. 1 (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Martha Golding
15. Birthplace Okla. 1 (City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Effie Sharp
(b) Address 3309 Moulton, KC. Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 8 27 47 (Month) (Day) (Year)
(c) Place: burial or cremation Woodlawn Independence Mo.

18. (a) Signature of funeral director Mrs. C. F. Forster
(b) Address Kansas City Mo.

19. (a) 8-27-47 (Date received local registrar) (b) Geraldine Holmes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 25th
year 1947 hour 7 minute 25 P. M.

21. I hereby certify that I attended the deceased from 8-24-47, 19..., to 8-25-47, 19...;
that I last saw her alive on 8-25-47, 19...;
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Prematurity	
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations 1 59	
Of autopsy None	

PHYSICIAN
Underline the cause of 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? (Specify type of place)
While at work? (e) Means of injury 0

23. Signature Wm. W. Hart (M. D. or other) MD
Med. Dir. K.C. Gen. Hospital K.C. Mo.
Address Date signed

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

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 Robert A. Herrmann

Licensed Embalmer No. 3700

P. O. Address K.C. 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.