

FILED NOV 13 1947  
Registration District No. 2127

Primary Registration District No. 5804

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

1. PLACE OF DEATH:

(a) County MONROE

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

(c) Name of hospital or institution:  
7MISE OF PARIS 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 4 HRS.  
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County MONROE <sup>69</sup>

(c) City or town RURAL <sup>6</sup>  
(If outside city or town limits, write "RURAL")

(d) Street No. 7 MI. S. OF PARIS <sup>0</sup>  
(If rural, give location)

(e) Citizen of foreign country? NO (Yes or No) <sup>0</sup>

If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME RICHARD BERN CHAPMAN

3. (b) If veteran, name war \_\_\_\_\_

3. (c) Social Security No. NONE

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month OCT. day 12  
year 1947 hour 6 minute 40 P.M.

4. Sex MALE <sup>0</sup> 5. Color or race WHITE

6. (a) Single, widowed, married, divorced SINGLE <sup>1</sup>

6. (b) Name of husband or wife \_\_\_\_\_

6. (c) Age of husband or wife if alive 4 HRS. years

7. Birth date of deceased OCT. 12, 1947  
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from OCT 12 1947  
12 to OCT 12 1947  
that I last saw him alive on OCT 12 1947  
and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day  
4 hr. 0 min.

Immediate cause of death Death about 10 min after Birth  
Due to cause unknown  
was very death  
Due to from Birth.

Duration \_\_\_\_\_

9. Birthplace MONROE Co, Mo <sup>0</sup>  
(City, town, or county) (State or foreign country)

10. Usual occupation NONE

Other conditions (include pregnancy within 3 months of death) \_\_\_\_\_

11. Industry or business \_\_\_\_\_

MOTHER FATHER { 12. Name CHARLES JAMES CHAPMAN

13. Birthplace MONROE Co Mo <sup>0</sup>  
(City, town, or county) (State or foreign country)

14. Maiden name ARIETABELLE PUTNAM

15. Birthplace WITCHATA KAN <sup>1</sup>  
(City, town, or county) (State or foreign country)

Major findings: Of operations \_\_\_\_\_

Of autopsy 200

PHYSICIAN \_\_\_\_\_  
Underline the cause to which death should be charged statistically.

16. (a) Informant JAMES CHAPMAN

(b) Address R. F. D. Paris, Mo.

17. (a) BURIAL (b) Date thereof OCT. 12, 1947  
(Burial, cremation, or removal) (Month) (Day) (Year)

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? \_\_\_\_\_

(c) Place: burial or cremation CEDAR GROVE  
Speedy Blakely

18. (a) Signature of funeral director \_\_\_\_\_  
PARIS, Mo.

(b) Address \_\_\_\_\_

19. (a) 10-20-47 (b) Elmer Ballew M.D.  
(Date received local registrar) (Registrar's signature)

While at work? \_\_\_\_\_ (Specify type of place) (Means of injury)

23. Signature Geo M. Y... (M. D. or other) <sup>0</sup>

Address PARIS, Mo. Date signed 10-13-47

RECEIVED  
District Health Officer No.  
11-47-4  
NOV 17 1947  
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.....  
....., Registered Apprentice No.....  
working under my personal supervision.

*Not Embalmed*

Signed.....

Licensed Embalmer No.....

P. O. Address **Paris, Missouri.**

**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.**