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 FEB 3 1948

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 865

Registration District No. 132 Primary Registration District No. 3021 Registrar's No.

1. PLACE OF DEATH:
(a) County Grundy
(b) City or town Trenton
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution 1317 Tinsman 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 Life
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo (b) County Grundy 40
(c) City or town Trenton 1
(If outside city or town limits, write "RURAL")
(d) Street No. 1317 Tinsman 2
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME WILLIAM A. Chappell
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 Div 3
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Birth date of deceased Feb (Month) 15 (Day) 1877 (Year)

8. AGE: Years 70 Months 11 Days 11 If less than one day hr. min.

9. Birthplace Grundy Co (City, town, or county) Mo (State or foreign country)
10. Usual occupation retired
11. Industry or business

FATHER
12. Name Chas P. Chappell 0
13. Birthplace Mo (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Margaret Levell
15. Birthplace Mo (City, town, or county) (State or foreign country) 0

16. (a) Informant Mrs Frank Chappell
(b) Address 914 Washington
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 1/28/48 (Month) (Day) (Year)
(c) Place: burial or cremation K of P. Cemetery
18. (a) Signature of funeral director Chas D. Gifford
(b) Address Trenton, Mo
19. (a) Jan 26, 48 (Date received local registrar) (b) Irene Fain (Registrar's signature) 1/3

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 1/26 day
year 1948 hour 3:00 minute A M.

21. I hereby certify that I attended the deceased from Jan 24, 1948 to Jan 26, 1948
that I last saw him alive on Jan 25, 1948
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Chronic Myocarditis	1 & 2 yrs
~~Due to~~ Asthma	several years
~~Due to~~ Influenza, Sinusitis	1 week
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations
Of autopsy

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 E. A. Duffy (M. D. ~~or other~~)
Address Trenton Date signed Jan 26 1948

Jefferson City Printing Co. (Licensed Embalmer's Statement on Reverse Side)

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 Gordon Blackmore, Registered Apprentice No. 78, working under my personal supervision.

Signed Chas D Epson

Licensed Embalmer No. B109

P. O. Address Trenton, 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.