S. No. 2
M—1/47
5-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 1008

FILED JAN 20 1949

Registration District No. 49 — Primary Registration District No. 1002 — Registrar's No. 100

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: 3519 Highland
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution: no. (Specify whether
In this community: since 1925 – years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County: Jackson
(c) City or town: Kansas City
(If outside city or town limits, write "RURAL")
(d) Street No.: 3519 Highland
(If rural, give location)
(e) Citizen of foreign country? no. (Yes or No)
If yes, name country: x

3. (a) PRINT FULL NAME: William Vincen Chapman
3. (b) If veteran, name war: no.
3. (c) Social Security No.: none

4. Sex: male
5. Color or race: white
6. (a) Single, widowed, married, divorced: married
6. (b) Name of husband or wife: Mrs. Ethel Chapman
6. (c) Age of husband or wife if alive: 62 years
7. Birth date of deceased: June (Month) 1 (Day) 1876 (Year)

8. AGE: Years 71 | Months 7 | Days ~~16~~ 5 | If less than one day ... hr. ... min.

9. Birthplace: Missouri (City, town, or county) (State or foreign country)
10. Usual occupation: Retired
11. Industry or business: x

FATHER
12. Name: John Chapman
13. Birthplace: Illinois (City, town, or country) (State or foreign country)

MOTHER
14. Maiden name: Eliza Lemmons
15. Birthplace: Missouri (City, town, or county) (State or foreign country)

16. (a) Informant: Mrs. Ethel Chapman
(b) Address: 3519 Highland, K. C., Mo.
17. (a) burial (Burial, cremation, or removal) (b) Date thereof: 1-9-48 (Month) (Day) (Year)
(c) Place: burial or cremation: Mt. Moriah
18. (a) Signature of funeral director: Stine & McClure
(b) Address: 3235 Gillham Plaza, K. C., Mo.
19. (a) 1-8-48 (Date received local registrar) (b) Geraldine Holmes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 6 year 1948 hour 4:15 minute P. M.

21. I hereby certify that I attended the deceased from June-26, 1946, to Jan-6, 1948, that I last saw him alive on Jan-5, 1948, and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Coronary Thrombosis	10 min.
Due to: Arterio-Sclerosis	5 yrs.
Due to:	
Other conditions (Include pregnancy within 3 months of death):	
Major findings: Of operations: N/A	
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: x

23. Signature: F. W. Thompson (M. D. or other) D.O.
Address: 705-10 Bryant Bldg. Date signed: 1-7-48.
K.C-6-TTU

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

Dr. Fred Thompson

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. Clair Shuppard

Licensed Embalmer No. 4179

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.