

Registration District No. 324 Primary Registration District No. 6093

1. PLACE OF DEATH:

(a) County Saline
(b) City or town Marshall Mo
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Mo. State School 2
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 4 5 1/2 yrs 10 mo - 21 da
(Specify whether
In this community _____
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Barton 6
(c) City or town Northfork township 0
(If outside city or town limits, write "RURAL") 0
(d) Street No. _____ (If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Bargilla Chapman

3. (b) If veteran, name war _____ (c) Social Security No. _____

4. Sex m 5. Color or race w 6. (a) Single, widowed, married, divorced single
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased march 11 1870
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
77 9 29 hr. _____ min.

9. Birthplace mt Hope wis (City, town, or county) (State or foreign country)

10. Usual occupation None

11. Industry or business None

12. Name J. D. Chapman

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

14. Maiden name Unknown

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

16. (a) Informant Records Mo State School

(b) Address Marshall Mo

17. (a) Burial (b) Date thereof 1-12-48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mo. State School Cemetery Marshall Mo

18. (a) Signature of funeral directors Harry Hershberger

(b) Address Marshall Mo

19. (a) Jan-12-1948 (b) Sidney A Gray
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 12
year 1948 hour 8 30 minute 0 M.

21. I hereby certify that I attended the deceased from _____, 19____, to 1-10, 1948
that I last saw him alive on 1-10, 1948
and that death occurred on the date and hour stated above.

Immediate cause of death Impaction transverse Colon

Due to _____
Due to _____

Other conditions (Include pregnancy within 3 months of death) _____

Major findings: Of operations _____

Of autopsy _____

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 _____

23. Signature R. Steely (M. D. or other) _____

Address Marshall Mo Date signed 1/10/48

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

MOTHER FATHER

RECEIVED

District Health Officer No. 8,

District File Number _____

Date Filed 2-12-18

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.....

Joseph R. Mackler....., Registered Apprentice No. 43
working under my personal supervision.

Signed Harry Hershberger.....

Licensed Embalmer No. 4357.....

P. O. Address Marshall 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.