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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAR 16 1948

Registration District No. 282

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 5971

State File No. 9774

Registrar's No. 27

1. PLACE OF DEATH:

(a) County: Polk

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

(c) Name of hospital or institution: /
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution ..... (Specify whether years, months or days)
In this community .....

2. USUAL RESIDENCE OF DECEASED:

(a) State: Missouri (b) County: Polk 84

(c) City or town: Pleasant Hope 0
(If outside city or town limits, write "RURAL")

(d) Street No. 0
(If rural, give location)

(e) Citizen of foreign country? ..... (Yes or No) 0
If yes, name country .....

3. (a) PRINT FULL NAME: John Partee Chapman

3. (b) If veteran, name war: none

3. (c) Social Security No.: none

4. Sex: male 0

5. Color or race: white

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

6. (b) Name of husband or wife: Allie Chapman

6. (c) Age of husband or wife if alive: 71 years

7. Birth date of deceased: Feb. (Month) 16 (Day) 1870 (Year)

8. AGE: Years 78 | Months 0 | Days 23 | If less than one day ..... hr. ..... min.

9. Birthplace: Polk County (City, town, or county) Missouri 0 (State or foreign country)

10. Usual occupation: farmer

11. Industry or business: .....

FATHER
12. Name: Frank Chapman
13. Birthplace: ..... (City, town, or county) N. Carolina / (State or foreign country)

MOTHER
14. Maiden name: Annie Goodnight
15. Birthplace: ..... (City, town, or county) N. Carolina / (State or foreign country)

16. (a) Informant: Mrs Allie Chapman
(b) Address: Pleasant Hope, Mo.

17. (a) burial (Burial, cremation, or removal) (b) Date thereof: Mar. 12, 1948 (Month) (Day) (Year)
(c) Place: burial or cremation: Rock Prairie Cemetery

18. (a) Signature of funeral director: Turpin Funeral Home
(b) Address: Bolivar, Mo.

19. (a) Mar 12 1948 (Date received local registrar) (b) Ralph Garden (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 9 year 1948 hour 11 minute 20 P. M.

21. I hereby certify that I attended the deceased from MARCH 8, 1948, to MARCH 9, 1948; that I last saw him alive on MARCH 9, 10:00 AM, 1948; and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Lobar Pneumonia	2 days
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations 08	
Of autopsy	

PHYSICIAN — Underline the cause to 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 2

23. Signature: Wayne Gonnerman (M. D. or other) Do
Address: Fair Grove Mo Date signed 3/11/48

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 7,
District File Number 2-48-240
Date Filed 3-15-48

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 Charles F. Fox, Registered Apprentice No. 22, working under my personal supervision.

Signed [signature]

Licensed Embalmer No. 3053

P. O. Address Bolivar, 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.