S. No. 3
M—1/47
5-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED MAY 13 1948

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 17009

Registration District No. 226 | Primary Registration District No. 4336 | Registrar's No. 20

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

1. PLACE OF DEATH:
(a) County Monroe
(b) City or town Holliday, Mo.
(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
In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo (b) County Monroe
(c) City or town Holliday
(If outside city or town limits, write "RURAL")
(d) Street No. 0
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Mrs MAUD CHAPMAN
3. (b) If veteran, name war ✓
3. (c) Social Security No.

4. Sex F
5. Color or race W
6. (a) Single, widowed, married, divorced W
6. (b) Name of husband or wife David B. Chapman
6. (c) Age of husband or wife if alive Deceased years
7. Birth date of deceased Feb (Month) 8 (Day) 1871 (Year)

8. AGE: Years 77 | Months 3 | Days 3 | If less than one day hr. min.

9. Birthplace Holliday Monroe C. Mo (City, town, or county) (State or foreign country)
10. Usual occupation Hand Keeper
11. Industry or business ✓
FATHER
12. Name Jno Divers
13. Birthplace Mo (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name Dora Davis
15. Birthplace Mo (City, town, or county) (State or foreign country)
16. (a) Informant Divers B Chapman
(b) Address 16 W 39th St KC Mo
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 5/13-48 (Month) (Day) (Year)
(c) Place: burial or cremation Holliday Mo
18. (a) Signature of funeral director Fred E. Thompson
(b) Address Madison Mo
19. (a) May 13, 1948 (Date received local registrar) (b) Olive Little (Registrar's signature) 204

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 11 year 1948 hour 8 minute a M.
21. I hereby certify that I attended the deceased from April 24, 1948 to May 11, 1948 that I last saw her alive on May 11, 1948 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Chronic Myocarditis	N.K.
Due to Arteriosclerosis	N.K.
Due to	
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
23. Signature [signature] (M. D. or other)
Address Vera Mo Date signed

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

RECEIVED
District Health Officer No.
District File Number 5-4
Date Filed MAY 17 1940

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 Fred A. Thompson

Licensed Embalmer No. 1420

P. O. Address Madison, 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.

S. No. 2B
5M—3-45
X43880

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. June

Registration District No. 226 Primary Registration District No. 4236 Registrar's No. 20

1. PLACE OF DEATH:

(a) County: Monroe

(b) City or town: Holliday

(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: Monroe

(c) City or town: Holliday

(If outside city or town limits, write "RURAL")

(d) Street No.

(If rural, give location)

(e) Citizen of foreign country? (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME: Maud Chapman

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex: F

5. Color or race: W

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

6. (b) Name of husband or wife

6. (c) Age of husband or wife if alive Years

7. Birth date of deceased: Feb 8 1877 (Month) (Day) (Year)

8. AGE: Years 77 Months 3 Days If less than one day hr. min.

9. Birthplace (City, town, or county) Mo (State or foreign country)

10. Usual occupation

11. Industry or business

FATHER

12. Name

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

MOTHER

14. Maiden name

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

16. (a) Informant

(b) Address

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

(c) Place: burial or cremation

18. (a) Signature of funeral director

(b) Address

19. (a) (Date received local registrar) (b) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May year 1948 hour minute M.

21. I hereby certify that I attended the deceased from , 19 to , 19 ; that I last saw him alive on , 19 ; and that death occurred on the date and hour stated above.

Immediate cause of death — Duration

Due to

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings:
Of operations

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

23. Signature (M. D. or other)

Address Date signed

SUPPLEMENTARY

S-17009