S. No. 2
M—1/47
. 5-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED JUN 26 1948

MISSOURI DIVISION OF HEALTH

# STANDARD CERTIFICATE OF DEATH

State File No. 19054

Registration District No. 1100 Primary Registration District No. 5388 Registrar's No. 39

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

1. PLACE OF DEATH:
(a) County Dent
(b) City or town Sligo 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 3 Months
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Dent 33
(c) City or town Sligo Mo 0
(If outside city or town limits, write "RURAL") 0
(d) Street No. 0
(If rural, give location)
(e) Citizen of foreign country? American (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Lawrence Irwin Chapman
3. (b) If veteran, name war
3. (c) Social Security No.

4. Sex 9110
5. Color or race W
6. (a) Single, widowed, married, divorced M 1
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Birth date of deceased 5 (Month) 25 (Day) 1902 (Year)

8. AGE: Years 46 Months Days 22 If less than one day hr. min.

9. Birthplace Sligo (City, town, or county) Mo 0 (State or foreign country)
10. Usual occupation —
11. Industry or business —
FATHER
12. Name D. L. Chapman
13. Birthplace Osage Co. (City, town, or county) Mo 0 (State or foreign country)
MOTHER
14. Maiden name Mary Freeman
15. Birthplace Dent Co (City, town, or county) Mo. 0 (State or foreign country)
16. (a) Informant Evert Chapman
(b) Address Mo
17. (a) (Burial, cremation, or removal) (b) Date thereof 6-17-1948 (Month) (Day) (Year)
(c) Place: burial or cremation Sligo Cemetary
18. (a) Signature of funeral director L. J. Jonas & Son
(b) Address Steelville Mo
19. (a) June 17 48 (Date received local registrar) (b) M. M. Hart M.D. (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 6/15 day year 1948 hour minute 3 P M.
21. I hereby certify that I attended the deceased from 6-15-48, 19, to 6-15-48, 19; that I last saw him alive on 19; and that death occurred on the date and hour stated above.

| | Duration |
|---|---|
| Immediate cause of death Carcinoma of colon | months |
| Due to — | |
| 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 M. M. Hart M.D. (M. D. or other) MD
Address Salem, Mo Date signed 6/17/48

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

RECEIVED 6-21-48
District Health Officer No. 8,
District File Number 64847
Date Filed 6-21-48

## 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 L J Jonas, Registered Apprentice No. ....., working under my personal supervision.

Signed L J Jonas

Licensed Embalmer No. 2379

P. O. Address Sykesville Md

**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.