

FILED NOV 4 1948

Registration District No. 149

Primary Registration District No. 1002

Registrar's No. 4160

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

1. PLACE OF DEATH:

(a) County JACKSON
(b) City or town KANSAS CITY, MO
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
HOME - 2627 Prospect
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution HOME
(Specify whether
In this community 47 YRS
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County JACKSON
(c) City or town KANSAS CITY, MO
(If outside city or town limits, write "RURAL")
(d) Street No. 2627 Prospect
(If rural, give location)
(e) Citizen of foreign country? NO (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME THOMAS C. CHAPMAN

3. (b) If veteran, name war NO 3. (c) Social Security No. NONE

4. Sex MALE 5. Color or race NEGRO 6. (a) Single, widowed, married, divorced MARRIED

6. (b) Name of husband or wife EDITH 6. (c) Age of husband or wife if alive 79 years

7. Birth date of deceased JULY 13 1877
(Month) (Day) (Year)

8. AGE: Years 71 Months 2 Days 28 If less than one day hr. min.

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

10. Usual occupation DENTIST

11. Industry or business _____

12. Name THOMAS CHAPMAN

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

14. Maiden name ELLA

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

16. (a) Informant Edith M. Chapman
(b) Address 2627 Prospect K.C. Mo

17. (a) BURIAL (b) Date thereof 10-14-48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation HIGHLAND
Highland Greenstreet

18. (a) Signature of funeral director Geraldine Holmes
(b) Address 1819 E. 15th St. K.C. Mo
19. (a) 10-13-48 (b) Geraldine Holmes
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October Day 11
Year 1948 Hour 4:10 minute AM

21. I hereby certify that I attended the deceased from Jan, 9, 1946
to October 11, 1948
that I last saw him alive on October 10, 1948
and that death occurred on the date and hour stated above.

Immediate cause of death Pneumonia

Due to Paralysis, digitalis
Toxemia

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

Major findings: Of operations 107
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? ROYAL (Specify type of place) Means of injury B. Fleming
Signature Raymond B. Fleming D. or other _____
Address 1433 E. 19th St Date signed 10/13/48

Duration
PHYSICIAN
Underline the cause to which death should be charged statistically.

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

W. G. Flynn

Licensed Embalmer No. 4383

P. O. Address. 1819 E. 15 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.