

FILED JAN 16 1949

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **42541**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **185** PRIMARY REG. DIST. NO. **4300** Registrar's No. \_\_\_\_\_

1. PLACE OF DEATH a. COUNTY <b>Linn</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Linn</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Laclede</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Laclede</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION		d. STREET ADDRESS (If rural, give location)	

3. NAME OF DECEASED (Type or Print) a. (First) <b>James</b> b. (Middle) <b>DAVID</b> c. (Last) <b>CHAPMAN</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>Dec 27 1948</b>			
5. SEX <b>M</b>	6. COLOR OR RACE <b>W</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	8. DATE OF BIRTH <b>Apr 5 1891</b>	9. AGE (In years last birthday) <b>57</b>	IF UNDER 1 YEAR <b>8</b> Days	IF UNDER 12 HRS. <b>22</b> Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Barber</b>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <b>Lipton, Missouri</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.</b>

13a. FATHER'S NAME <b>Henry Chapman</b>	13b. MOTHER'S MAIDEN NAME <b>Sidney Drake</b>	14. NAME OF HUSBAND OR WIFE <b>Orpha</b>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>No</b>	16. SOCIAL SECURITY NO. (If yes, give war or date of service) <b>486-01-8989</b>	17. INFORMANT'S SIGNATURE OR NAME <b>Orpha Chapman</b>	ADDRESS <b>Laclede Mo.</b>
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.  <b>Hot</b>	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Uremia</b>		INTERVAL BETWEEN ONSET AND DEATH <b>3 days</b>	
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Atherosclerosis of Arteries</b>			<b>7 years</b>
	DUE TO (c) _____			
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from **Aug. 10, 1946**, to **Dec. 27, 1948**, that I last saw the deceased alive on **12/27, 1948**, and that death occurred at **8:30 p.m.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <b>Ralph W. Robinson MD</b>	23b. ADDRESS <b>Dioblied, Mo.</b>	23c. DATE SIGNED <b>12/29/48</b>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>12-30-48</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Laclede</b>	24d. LOCATION (City, town, or county) (State) <b>Laclede Missouri</b>
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DATE REC'D BY LOCAL REG. <b>Dec 30-1948</b>	REGISTRAR'S SIGNATURE <b>Chris A. Martens</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>Brothers Funeral Home</b>	ADDRESS <b>Laclede, Mo.</b>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

DISTRICT HEALTH OFFICE  
Cameron, Mo.

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.....

*W R Wright*

Student Embalmer No. 207

working under my personal supervision.

Student .....

*W R Wright*  
Student Embalmer

Signed .....

*J B Brothers*

Licensed Embalmer No. 2001

P. O. Address Joceda, 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.