

FILED FEB 18 1955

STANDARD CERTIFICATE OF DEATH

State File No. 4684

418

BIRTH NO. REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No.

1. PLACE OF DEATH a. COUNTY JACKSON 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE MISSOURI b. COUNTY JACKSON

b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN KANSAS CITY c. LENGTH OF STAY (In this place) 9 MOS c. CITY OR TOWN KANSAS CITY d. Is Residence within limits of a city or incorporated town? Yes [X] No [ ]

d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION VETERANS ADMINISTRATION HOSPITAL STREET ADDRESS (If rural, give location) 2005 Independence Ave.

3. NAME OF DECEASED a. (First) WILLIAM b. (Middle) A. c. (Last) CHAPMAN 4. DATE OF DEATH (Month) (Day) (Year) JANUARY 28, 1955

5. SEX MALE 6. COLOR OR RACE WHITE 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED 8. DATE OF BIRTH August 5, 1890 9. AGE (In years last birthday) 64 IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Printing Press Operator 10b. KIND OF BUSINESS OR INDUSTRY Printing 11. BIRTHPLACE (City and State or Foreign Country) Valley Falls, Kansas 12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME Calvin Elwood Chapman 13b. MOTHER'S MAIDEN NAME Ruthie J. Smith 14. NAME OF HUSBAND OR WIFE Thelma Vivian Chapman

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes 16. SOCIAL SECURITY NO. WW II 17. INFORMANT'S SIGNATURE OR NAME ADDRESS VA Hospital Official Records, Kansas City

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH\* (a) Bronchopneumonia ANTECEDENT CAUSES DUE TO (b) Carcinoma of the left ear DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 1991

19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION 20. AUTOPSY? YES [ ] NO [X]

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 (Month) (Day) (Year) (Hour) OF INJURY VA m. 21e. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ] 21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from April 27, 1954, to January 28, 1955, that I had had the deceased [unclear] and that death occurred at 3:40 a.m., from the causes and on the date stated above.

23a. SIGNATURE Donald P. Dressler (Degree or title) Donald P. Dressler, M.D. 23b. ADDRESS Veterans Administration Hospital, 4801 Linwood Blve, K.C., Mo. 23c. DATE SIGNED 1/28/54

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial - Removal 24b. DATE Jan. 31 - 1955 24c. NAME OF CEMETERY OR CREMATORY Memorial Park Cem. 24d. LOCATION (City, town, or county) (State) Lawrence, Mo.

DATE REC'D BY LOCAL REG. 1-29-55 REGISTRAR'S SIGNATURE neva minshall 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Freeman Mortuary Kansas City, Mo.

(Licensed Embalmer's Statement on Reverse Side)

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

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 ....., Student Embalmer No..... working under my personal supervision..

Student.....  
Signature of Student Embalmer

Signed *Walter H. Erwin*

Licensed Embalmer No. *435*

P. O. Address *K. C. M.*

\*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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.