

FILED MAR 9 1948
Registration District No. 27

Primary Registration District No. 4214

Registrar's No. 54

42
30
3
WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County Henry

(b) City or town Deerfield
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
McClain Nursing Home 4
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 6 days (Specify whether years, months or days)

In this community 71 years

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Henry 42

(c) City or town Calhoun Mo R # 10
(If outside city or town limits, write "RURAL")

(d) Street No. _____ (If rural, give location) _____

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

If yes, name country _____

3: (a) PRINT FULL NAME LAURA BELLE CHAPMAN

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 4
year 1948 hour 10 minute 15 A M.

21. I hereby certify that I attended the deceased from 1-10, 1948, to 3-4, 1948
that I last saw her alive on 3-1, 1948
and that death occurred on the date and hour stated above.

4. Sex Female 5. Color or race White

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

6. (b) Name of husband or wife _____

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

7. Birth date of deceased March 7 - 1860
(Month) (Day) (Year)

Immediate cause of death Senility

Due to _____

Due to _____

8. AGE: Years Months Days If less than one day

87 11 27 hr. min.

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

Major findings: Of operations _____

Of autopsy _____

9. Birthplace Hancock Co Ill 1
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business _____

12. Name John G. Johnson 9

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

14. Maiden name Jessima Annaly 9

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

16. (a) Informant Beulah Young

(b) Address Calhoun, Mo

17. (a) Burial (b) Date thereof 3-6-48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Drakes Chapel

18. (a) Signature of funeral director Conradus Beck

(b) Address Clinton Mo

19. (a) 3-6-48 (b) R.R. Remy 100
(Date received local registrar) (Registrar's signature)

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? _____ (Specify type of place)

(e) Means of injury _____

23. Signature R. G. Powell (M.D. or other) 100

Address Clinton Mo Date signed 3/4/48

RECEIVED
District Health Officer No. 7,
District File Number 2-48-208
Date Filed 3-8-48

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.....

....., Registered Apprentice No.

working under my personal supervision.

Signed R R Kenney

Licensed Embalmer No. 3099

P. O. Address Clinton 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.