

RECD SEP 6 1939

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

28124
Do not use this space.

1. PLACE OF DEATH

(a) County Jackson 2 Registration District No. 399
 (b) Township Haw Primary Registration District No. 1002 Registered No. 3126
 (c) City Kansas City (d) Street No. 3521 Chestnut St.
 (If death occurred in Hospital or Institution, write its name instead of street and number)
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

155 MRS. JULIA A. CHAPMAN
 (a) Residence, No. 3521 Chestnut St. (If nonresident, give city or town and State)
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Fe. 4. COLOR OR RACE Wh. 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widow
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF C. H. CHAPMAN
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov 19 1848
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
90 8 16

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. At Home
 9. Industry or business in which work was done, as saw mill, bank, etc.
 10. Date deceased last worked at this occupation (month and year)
 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) N. Y. State 1

FATHER 13. NAME David Annis 9
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) unknown 9

MOTHER 15. MAIDEN NAME Lucy Turner
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) unknown

17. INFORMANT (ADDRESS) Mrs. George S. Hay 3521 Chestnut

18. BURIAL, CREMATION, OR REMOVAL PLACE Elmwood DATE Aug 7 1939

19. FUNERAL DIRECTOR (NAME) (ADDRESS) D. W. Spurgeon 4401 Brush Creek Blvd.

20. FILED 8/7 1939 M. M. Browe Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug 5 1939

22. I HEREBY CERTIFY, That I attended deceased from July 30 1939, to Aug 5 1939.
 I last saw her alive on Aug 4 1939. Death is said to have occurred on the date stated above, at 12:45 P. M.

The principal cause of death and related causes of importance were as follows:

Myocardial Insufficiency
92 a

Other contributory causes of importance:

Acute Nephritis
n. m. o.

Name of operation _____ Date of _____
 What test confirmed diagnosis? _____ Was there an autopsy? _____

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? _____ Date of injury _____, 19____
 Where did injury occur? _____ (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place.

Manner of injury _____
 Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? _____
 If so, specify _____
 (Signed) H. P. Curtis M. D.
 (Address) 2219 Indiana Ave. SE 216

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

8414
060621
R-5 PM

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 George M. Collier

Licensed Embalmer No. 3839

P. O. Address 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, above space should be left blank.