

JAN 13 1940

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

44836  
Do not use this space.

1. PLACE OF DEATH  
 (a) County Shelby Registration District No. 820  
 (b) Township Gettysburg Primary Registration District No. 4503 Registered No. 49  
 (c) City Shelbina (d) Street No. \_\_\_\_\_ 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 4 1/2 yrs. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME John C Chapman  
 (a) Residence, No. \_\_\_\_\_ 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 male 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Rosa Chapman

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 27 1875

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
64 6 13

OCCUPATION  
 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.  
 9. Industry or business in which work was done, as saw mill, bank, etc. Retired farmer  
 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) Philadelphia Mo.

FATHER  
 13. NAME John A Chapman  
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Repley Ill.

MOTHER  
 15. MAIDEN NAME Mary Meredith  
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Repley Ill.

17. INFORMANT (ADDRESS) Mrs Rosa E Chapman  
Shelbina, Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Shelbina Mo DATE 12/17/39

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Milligan & Bartleson  
Shelbina, Mo

20. FILED Dec 20 1939 Ruth Jayner  
 Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec 10 1939

22. I HEREBY CERTIFY, That I attended deceased from only saw him after death as death was instant, 1939.  
 I last saw him alive on Dec 7 1939. Death is said to have occurred on the date stated above, at 8:30 P.M.  
 The principal cause of death and related causes of importance were as follows:  
Gave history of cardiac condition but had never examined him before death

Other contributory causes of importance: \_\_\_\_\_

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
 What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? no

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) J. H. ... M. D.  
 (Address) Shelbina, Mo.

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

1 X 16865

RECEIVED

District Health Officer No. 10

District File Number 1-48-178

Date Filed JAN 12 1940

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 Henry G. Bartleson

Licensed Embalmer No. 3835

P. O. Address Shelburne, 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.**