No. 2
11-10-39
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X21492

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 27770

20 SEP 5 1940

Registration District No. 399

Primary Registration District No. 1002

Registrar's No. 3404

1. PLACE OF DEATH:

(a) County: Jackson,

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

(c) Name of hospital or institution: 619 West 38th St., 2
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution: no.

In this community: Unknown, (Specify whether years, months or days) 1 5 1 1 0 0

2. USUAL RESIDENCE OF DECEASED:

(a) State: Missouri, (b) County: Jackson,

(c) City or town: Kansas City,
(If outside city or town limits, write "RURAL")

(d) Street No.: 619 West 38th St.,
(If rural, give location)

(e) If foreign born, how long in U. S. A.? Unknown, years.

3. (a) PRINT FULL NAME: Mrs. Sarah Rogerson Chapman,

3. (b) If veteran, name war: no.

3. (c) Social Security No.: no.

4. Sex: Female

5. Color or race: White

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

6. (b) Name of husband or wife: Joseph L. Chapman,

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

7. Birth date of deceased: January (Month) 2nd, (Day) 1848 (Year)

8. AGE:

Years	Months	Days	If less than one day
92	7	28	hr. min.

9. Birthplace: England, (City, town, or county) 4 (State or foreign country)

10. Usual occupation: at home,

11. Industry or business: X

FATHER
12. Name: Thomas Rogerson,
13. Birthplace: England, (City, town, or county) 4 (State or foreign country)

MOTHER
14. Maiden name: Margaret Bottley,
15. Birthplace: England, (City, town, or county) 4 (State or foreign country)

16. (a) Informant: Miss Edith Chapman,

(b) Address: 619 West 38th St., K. C., Mo.

17. (a) Burial, (Burial, cremation, or removal) (b) Date thereof: 8-31-40 (Month) (Day) (Year)

(c) Place of burial or cremation: Forest Hill Cemetery,

18. (a) Signature of funeral director: Stine & McClure,

(b) Address: 3235 Gillham Plaza, K. C., Mo.

19. (a) Aug. 30, 1940 (Date received local registrar) (b) M. M. Crane (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month: August day: 30th, year: 1940 hour: 6:55 minute: A. M.

21. I hereby certify that I attended the deceased from Aug. 1939, to Aug. 30 1940; that I last saw her alive on Aug 30 1940; and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Chronic myocarditis	7
Due to: Arteriosclerosis	7
Due to:	
Other conditions (Include pregnancy within 3 months of death):	
Major findings: Of operations: None	
Of autopsy: As above	

PHYSICIAN — 93a

Underline the cause to which death should be charged statistically.

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? (Specify type of place)

While at work? (e) Means of injury:

23. Signature: Lyman Richardson (M. D. or other)

Address: 1004 Rialto Bldg. Date signed: 9/30/40

(Licensed Embalmer's Statement on Reverse Side)

Dr. Richardson

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 E. M. Plank

Licensed Embalmer No. 1848

P. O. Address K. C. Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.