

JAN 25 1940

Registration District No. 678

Primary Registration District No. 5904

Registrar's No. _____

81

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

1. PLACE OF DEATH:

(a) County Phelps

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

(c) Name of hospital or institution: St. James Hospital
(If not in hospital or institution, write street number or location)

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

In this community Life

8. (a) PRINT FULL NAME Elizabeth Chapman

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced widow

6. (b) Name of husband or wife Julius Chapman 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased October 24th 1862
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>78</u>	<u>1</u>	<u>18</u>	_____ hr. _____ min.

9. Birthplace Osage Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation At Home

11. Industry or business _____

12. Name L. M. Smith

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

14. Maiden name Elizabeth Butler

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

16. (a) Informant Pat Smith

(b) Address Newburg Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 12/13/40
(Month) (Day) (Year)

(c) Place: burial or cremation McNichols

18. (a) Signature of funeral director [Signature]

(b) Address [Address]

19. (a) 12/14/40 (Date received local registrar) (b) Elaine B. Hawk (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Crawford

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

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

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 12th year 1940 hour 8am minute 30 M.

21. I hereby certify that I attended the deceased from Dec 8th 1940, to Dec 12th 1940, that I last saw her alive on Dec 12th 1940, and that death occurred on the date and hour stated above.

Immediate cause of death _____

Due to diabetes gangrene

Due to diabetes mellitus

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

Major findings: Of operations no

Of autopsy no

Duration _____

PHYSICIAN _____

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 no

(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? _____

23. Signature [Signature] (M. D. or other) _____

Address [Address] Date signed 12/14/40

200 426 67

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.....

Licensed Embalmer No.....

P. O. Address.....

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.