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FILED

APR 29 1941  
Registration District No. 26

Primary Registration District No. 3002

State File No. \_\_\_\_\_  
Registrar's No. 38

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

APR 29 1941  
(a) County Audrain  
(b) City or town Mexico  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
909 W. Mansfield St.  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether  
In this community 30 years  
years, months or days)

3. (a) PRINT FULLNAME Alexander Chapman

3. (b) If veteran, name war None ✓ 709-12-14423. (c) Social Security No. None

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

6. (b) Name of husband or wife Elizabeth Chapman 6. (c) Age of husband or wife if alive 62 years

7. Birth date of deceased February 27, 1870  
(Month) (Day) (Year)

8. AGE: Years 71 Months no Days 4 If less than one day  
hr. \_\_\_\_\_ min. \_\_\_\_\_

9. Birthplace Monroe County, Missouri  
(City, town, or county) (State or foreign country)

10. Usual occupation Retired railway worker

11. Industry or business \_\_\_\_\_

MOTHER FATHER { 12. Name Benjamin Chapman

13. Birthplace Unknown 9  
(City, town, or county) (State or foreign country)

14. Maiden name Louisa Pinnel

15. Birthplace Unknown 9  
(City, town, or county) (State or foreign country)

16. (a) Informant Elizabeth Chapman

(b) Address Mexico, Mo.

17. (a) Burial (b) Date thereof March 5, 41  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Elmwood, Mexico, Mo.

18. (a) Signature of funeral director Tal E. Parks

(b) Address Mexico, Mo.

19. (a) March 4-1941 (b) Blanche Neely  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:  
(a) State Missouri (b) County Audrain 4  
(c) City or town Mexico 1  
(If outside city or town limits, write "RURAL")  
(d) Street No. 909 W. Mansfield St.  
(If rural, give location)  
(e) If foreign born, how long in U. S. A.? 0 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Mar day 7th  
year 1941 hour 5:55 minute \_\_\_\_\_ P. M.

21. I hereby certify that I attended the deceased from  
Feb 14, 1941, to March 3, 1941;  
that I last saw him alive on Mar 3, 1941;  
and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Degenerative  
Myocarditis - Heart Failure Duration 5 days

Due to Generalized arteriosclerosis

Due to \_\_\_\_\_

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Major findings: \_\_\_\_\_  
Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

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) no

(b) Date of occurrence \_\_\_\_\_

(c) Where did injury occur? none  
(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 Harry F. Ormei (M. D. or other) D

Address Mexico, Mo Date signed 3/4/41

RECEIVED

District Health Officer No. 10

District File Number 4-41-772

Date Filed APR 14 1941

**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.....

Earl E. Precht

....., Registered Apprentice No. ....

working under my personal supervision.

Signed..... Earl E. Precht

Licensed Embalmer No. 3189

P. O. Address Mexico, 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, fact should be so stated above.**