

No. 2
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FILED JUN 17 1941

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **17668**

Registration District No. **241**

Primary Registration District No. **4147**

Registrar's No. **1278**

1. PLACE OF DEATH: **Dallas**
 (a) County **Dallas**
 (b) City or town **Buffalo**
 (c) Name of hospital or institution **Hanell Hospital 1**
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution **3 1/2 hrs**
 In this community **1 year 6 mo**
 years, months or days (Specify whether)

2. USUAL RESIDENCE OF DECEASED:
 (a) State **Missouri** (b) County **Dallas**
 (c) City or town **Buffalo (Rural)**
 (If outside city or town limits, write "RURAL")
 (d) Street No. _____ (If rural, give location)
 (e) If foreign born, how long in U. S. A.? **0** years.

3. (a) PRINT FULL NAME **RUTH H. CHAPIN**
 3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month **May** day **22nd**
 year **1941** hour **5** minute **30 AM**
 21. I hereby certify that I attended the deceased from **5-19**, 1941, to **5-22**, 1941;
 that I last saw her alive on **5-22**, 1941;
 and that death occurred on the date and hour stated above.

4. Sex **Female** 5. Color or race **White** 6. (a) Single, widowed, married, divorced **Widowed**
 6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years
 7. Birth date of deceased **March - 19 - 1911**
 (Month) (Day) (Year)

Immediate cause of death **Intestinal obstruction 3 days**
 Due to **Food mass**
 Due to _____
 Other conditions (Include pregnancy within 3 months of death) _____
 122A

8. AGE:	Years	Months	Days	If less than one day
	30	7	3	hr. _____ min. _____

9. Birthplace **Decorah Co Iowa**
 (City, town, or county) (State or foreign country)

10. Usual occupation **Waitress**

11. Industry or business _____

MOTHER FATHER
 12. Name **Perry Chapin**
 13. Birthplace **Unknown**
 (City, town, or county) (State or foreign country)

14. Maiden name **Mary Rynd**
 15. Birthplace **Decorah Co Iowa**
 (City, town, or county) (State or foreign country)

16. (a) Informant **Mary Chapin**
 (b) Address **Elon Iowa**

17. (a) _____ (b) Date thereof **3-24-1941**
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Garden Grove Ia**

18. (a) Signature of funeral director **E. Blum**
 (b) Address **Buffalo Mo 218**

19. (a) **6-10 41** (b) **Harry Morn 218**
 (Date received local registrar) (Registrar's signature)

PHYSICIAN
 Underline the cause to which death should be charged statistically.
 Major findings: _____
 Of operations _____
 Of autopsy _____

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? _____

While at work? _____ (Specify type of place)
 (e) Means of injury _____
 23. Signature **R. E. Hanell** (M. D. or other) **MD**
 Address **Buffalo** Date signed **5-23-41**

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

1000

RECEIVED

District Health Officer No. 7,

District File Number 6-41-1052

Date Filed 6-16-41

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

Blyde Montgomery

Licensed Embalmer No.

3592

P. O. Address

Buffalo Mo.

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

If this body is not embalmed, fact should be so stated above.