

Registration District No. 125

Primary Registration District No. 3009

Registrar's No. 61

1. PLACE OF DEATH:

(a) County Cape Girardeau
 (b) City or town Cape Girardeau
 (c) Name of hospital or institution: Southeast Missouri Hospital
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 2 hours
 In this community 15 years
 (Specify whether years, months or days)

3. (a) PRINT FULL NAME Louis Chappell

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

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

6. (b) Name of husband or wife Minerva Chappell 6. (c) Age of husband or wife if alive 35 years

7. Birth date of deceased August 27, 1863
 (Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>78</u>	<u>1</u>	<u>27</u>	hr. min.

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

10. Usual occupation Laborer

11. Industry or business _____

12. Name Unknown

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

14. Maiden name Unknown

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

16. (a) Informant Mrs. Minerva Chappell

(b) Address 323 rear N. Frederick St.

17. (a) Burial (b) Date thereof Oct. 28, 1941
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Fairmont Cemetery

18. (a) Signature of funeral director F. J. Sparks

(b) Address Cape Girardeau, Mo.

19. (a) 10/28-41 (b) F. W. Phelps
 (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Cape Girardeau
 (c) City or town Cape Girardeau
 (If outside city or town limits, write "RURAL")
 (d) Street No. 323 rear W. Frederick St.
 (If rural, give location)
 (e) Citizen of foreign country? No (Yes or No)
 If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 24
 year 1941 hour 9:00 minute --- P. M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;

that I last saw him _____ alive on _____, 19____; and that death occurred on the date and hour stated above.

Immediate cause of death Multiple Fractured Skull and Internal Injuries

Due to Injuries suffered when struck while walking by an automobile.

Due to _____

Other conditions (Include pregnancy within 8 months of death)

Major findings:

Of operations _____

Of autopsy _____

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following: Unavoidable accident

(a) Accident, suicide, or homicide (specify) _____

(b) Date of occurrence Oct. 24, 1941

(c) Where did injury occur? Cape Girardeau, Mo.
 (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?
Public Place - City Street

While at work? no (Specify type of place) (e) Means of injury Automobile

23. Signature N. Burton Short (M. D. or other) Cover

Address A. M. ... Date signed 10/25/41

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

16
14

14
0

1706-6
21

1017

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 Frank Sparks
Licensed Embalmer No. 3455
P. O. Address Cape Guardeau

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, fact should be so stated above.