

FILED JAN 21 1942

Registration District No. 318

Primary Registration District No. 2001

1. PLACE OF DEATH:

(a) County GREENE
(b) City or town Springfield
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 2112 TAYLOR
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether
In this community 83 yr. + years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Greene
(c) City or town Springfield
(If outside city or town limits, write "RURAL")
(d) Street No. 2112 Taylor (If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME ALEXANDER, C. CHAPMAN

3. (b) If veteran, name war NONE 3. (c) Social Security No. NONE

4. Sex MALED 5. Color or race WHITE 6. (a) Single, widowed, married, divorced MARRIED

6. (b) Name of husband or wife JESSIE M. CHAPMAN 6. (c) Age of husband or wife if alive 73 years

7. Birth date of deceased 08 22 1856
(Month) (Day) (Year)

8. AGE: Years 85 Months 1 Days 11 If less than one day hr. min.

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

10. Usual occupation Retired Police Man

11. Industry or business Ex City Employee

12. Name Alias Chapman

13. Birthplace Unknown Tenn.
(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 Howard D. Chapman

(b) Address Julesa Okla

17. (a) Survial (b) Date thereon Dec. 5-1941
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Green Lawn Cem

18. (a) Signature of funeral director W. H. G. Council
(b) Address Springfield Mo

19. (a) 12-5-41 (b) D. W. E. Handley
(Date received at local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH, Month Dec. day 3
year 1941 hour 7 minute 30 P. M.

21. I hereby certify that I attended the deceased from _____, 19____, to Dec. 3, 1941
that I last saw him alive on Dec. 3, 1941
and that death occurred on the date and hour stated above.

Immediate cause of death: Coronary artery occlusion
Ch. Cardio-vascular
renal disease and
arteriosclerosis
Due to _____
Due to _____

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

Major findings: Of operations 3/0
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)
(a) Name of injurer _____
(b) Signature Arthur D. Math (M. D. or other) MD
(c) Address 427 1/2 E. Council Date signed 12-5-41

Duration _____
PHYSICIAN _____
Underline the cause to which death should be charged statistically.

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

Springfield, Mo. 12-5-41

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.....

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, fact should be so stated above.