

FILED MAR 20 1942

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 7184

Registration District No. 3-88

Primary Registration District No. 3026

Registrar's No. 26

1. PLACE OF DEATH:

(a) County Livingston
(b) City or town Chillicothe
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Chillicothe Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 2 days
(Specify whether years, months or days)
In this community 15 years.

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Livingston 5-9
(c) City or town Chillicothe
(If outside city or town limits, write "RURAL")
(d) Street No. 410 Collier
(If rural, give location)
(e) Citizen of foreign country? No. (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Homer Lee Chapman

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

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife Katie Chapman 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased December 7 1872
(Month) (Day) (Year)

8. AGE: Years 69 Months 2 Days 16 If less than one day hr. _____ min. _____

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

10. Usual occupation Farming

11. Industry or business _____

MOTHER FATHER { 12. Name James Chapman
13. Birthplace Unknown
(City, town, or county) (State or foreign country)
14. Maiden name Margarett Boughman
15. Birthplace Unknown
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Bertha Linville
(b) Address Dawn, Missouri
17. (a) Burial (b) Date thereof 2-27-42
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Avalon

18. (a) Signature of funeral director F. B. Norman Funeral Home
(b) Address Chillicothe, Mo.
19. (a) Feb 27 (b) Low ELLA Curry
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month February day 23
year 1942 hour 11 minute 45 p. a. m.

21. I hereby certify that I attended the deceased from Jan 1 1941 to Feb. 23 1942
that I last saw him alive on Feb. 23 1942
and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Myocarditis Duration 5 years
Due to _____
Due to _____

Other conditions (Include pregnancy within 3 months of death) 93d

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:

(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? _____
(Specify type of place) While at work? (e) Means of injury D

23. Signature [Signature] (M. D. or other) _____
Address Chillicothe MO Date signed 2/25/42

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

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.....

..... Elton F. Norman and E. R. Norman (2374) , Registered Apprentice No.
working under my personal supervision.

Signed

Elton F. Norman

Licensed Embalmer No. 4036

P. O. Address Chillicothe, Mo.

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.