

Registration District No. **400**

Primary Registration District No. **5553B**

Registrar's No. **38**

1. PLACE OF DEATH:

(a) County **Jackson**
(b) City or town **Draine Township**
(c) Name of hospital or institution: **Jackson County Home for aged & infirm**
(d) Length of stay: In hospital or institution **180 days**
In this community **70 years**

2. USUAL RESIDENCE OF DECEASED:

(a) State **MO** (b) County **Jackson**
(c) City or town **Kansas City**
(d) Street No. **523 Grand Ave.**
(e) Citizen of foreign country? **-**

3. (a) PRINT FULL NAME **John Hartley Chapman**

3. (b) If veteran, name war **WW** 3. (c) Social Security No. **unknown**

4. Sex **M** 5. Color or race **W** 6. (a) Single, widowed, married, divorced **Widowed**

6. (b) Name of husband or wife **unknown** 6. (c) Age of husband or wife if alive **4** years

7. Birth date of deceased: **Mar 4 1867**

8. AGE: Years **75** Months **0** Days **18** If less than one day hr. min.

9. Birthplace **Randolph Co. MO**

10. Usual occupation **Contractor**

MOTHER FATHER

11. Industry or business **unknown**
12. Name **unknown**
13. Birthplace **unknown**
14. Maiden name **unknown**
15. Birthplace **unknown**

16. (a) Informant **Records Jackson Co. Home**

(b) Address **Little Blk. MO**

17. (a) **Anatomical** (b) Date thereof **3-26-42**

(c) Place: burial or cremation **Anatomical**

18. (a) Signature of funeral director **M.B. Longford**

(b) Address **113 Summit St.**

19. (a) **Mar 25 1942** (b) **L.M. Schick**

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Mar** day **22** year **1942** hour **4** minute **30** A.M.

21. I hereby certify that I attended the deceased from **3/3 1942** to **3/22 1942** that I last saw him alive on **3/21** and that death occurred on the date and hour stated above.

Immediate cause of death: **carcinoma of stomach**

Due to _____

Due to _____

Other conditions: **H68**

Major findings: **H68**

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? _____

(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 **J.W. Green** (M. D. or other) _____

Address **Independence** Date signed **3-4-42**

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

4800

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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. 3833

P. O. Address. 222 Summit St.

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.