

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. _____

Registrar's No. 179

Registration District No. 1

Primary Registration District No. 1

1. PLACE OF DEATH:

(a) County Adair
(b) City or town Kirkville
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Community Nursing Home 4
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 2 1/2 days (Specify whether years, months or days)
In this community 2 1/2 days

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Sullivan
(c) City or town Milan 105
(If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location) 0
(e) Citizen of foreign country? 1 (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME CHARLES EDWARD 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 Jabitha Wheeler 6. (c) Age of husband or wife if alive Decayed years
7. Birth date of deceased Jan 13 1870 (Month) (Day) (Year)

8. AGE: Years 72 Months 5 Days - If less than one day hr. _____ min. _____

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

10. Usual occupation Fabrics

11. Industry or business _____

12. Name unknown

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

14. Maiden name unknown

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

16. (a) Informant Mrs. Edna Fields

(b) Address Milan, Mo

17. (a) Burial (b) Date thereof 6-14-42 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Cedarwood, Milan, Mo

18. (a) Signature of funeral director Wagner & Sons

(b) Address Milan Mo

19. (a) June 13, 1942 (Date received local registrar) (b) Mrs. J. A. Wayne (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 13 year 1942 hour 4 minute 45 A.M.

21. I hereby certify that I attended the deceased from June 11 1942 to June 13 1942
that I last saw him alive on June 13 and that death occurred on the date and hour stated above.

Immediate cause of death Acute myocardial failure Duration 2 days

Due to Chronic myocardiosis

Due to Chronic Nephritis

Other conditions 1316 (Include pregnancy within 3 months of death)

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 01

23. Signature M. T. Hutenshain (M.D. or other) 90

Address Kirkville, Mo Date signed 6-13-42

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

1
3
3

73 -

RECEIVED

District Health Officer No. 10

District File Number 7-42-1465

Date Filed JUL 2 1942

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 Russell C. Riggins

Licensed Embalmer No. 3792

P. O. Address Milan, 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.