

FILED AUG 14 1942

State File No. \_\_\_\_\_

Registration District No. 469.174

Primary Registration District No. 30-33 3037

Registrar's No. 54

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30  
WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County Lawrence

(b) City or town St. Vernon  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Missouri State Sanatorium  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 368 days  
(Specify whether years, months or days)

In this community 368 days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Stone

(c) City or town Marionville  
(If outside city or town limits, write "RURAL")

(d) Street No. Route 1  
(If rural, give location)

(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Mason Chapman

3. (b) If veteran, name war NO 3. (c) Social Security No. 458-01-1092

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

6. (b) Name of husband or wife Grace Chapman 6. (c) Age of husband or wife if alive 37 years

7. Birth date of deceased Dec 27 1891  
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>50</u>	<u>6</u>	<u>27</u>	hr. _____ min. _____

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

10. Usual occupation Rig Builder

11. Industry or business Oil

12. Name Lott Chapman

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

14. Maiden name Esther Jordan

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

16. (a) Informant Mr. Michael Reed Clerk

(b) Address Mo State Sanatorium

17. (a) Removal (b) Date thereof July 25 42  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Marionville

18. (a) Signature of funeral director Wm H Manlove  
(b) Address Crane, Mo

19. (a) Aug 7 42 (b) Anna Whitney  
(Date of local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 24 year 1942 hour 4:40 minute \_\_\_\_\_ M.

21. I hereby certify that I attended the deceased from July 21 1941 to July 24 1942  
that I last saw him alive on July 24 1942  
and that death occurred on the date and hour stated above.

Immediate cause of death Pulmonary tuberculosis  
Duration 1 1/2 yrs

Due to \_\_\_\_\_  
Due to \_\_\_\_\_  
Other conditions (Include pregnancy within 3 months of death) None

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 D

23. Signature J B Hulse (M. D. or other) MD  
Address St. Vernon Mo Date signed 7/24/42

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

RECEIVED

District Health Officer No. 6,

District File Number 842-1243

Date Filed AUG 13 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 George H. Maulose

Licensed Embalmer No. 3827

P. O. Address Cranemo

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.