S. No. 2
1—5-42
17-39
X32878

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUN 7 1943

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

18191

State File No. 8

Registration District No. 765 Primary Registration District No. 5602 Registrar's No. 8

1. PLACE OF DEATH:

(a) County Johnson,
(b) City or town Magnolia
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Magnolia, Mo.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution none (Specify whether
In this community 50 years years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Johnson
(c) City or town Magnolia
(If outside city or town limits, write "RURAL")
(d) Street No. none
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country xx

3. (a) PRINT FULL NAME NELSON CHAPMAN

3. (b) If veteran, name war no

3. (c) Social Security No. 703-03-3708

4. Sex Male

5. Color or race Cauc

6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife Mary Chapman

6. (c) Age of husband or wife if alive 70 years

7. Birth date of deceased Feb. (Month) 16 (Day) 1870 (Year)

8. AGE: Years 73 Months 2 Days 14 If less than one day hr. min.

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

10. Usual occupation Retired R.R. Agent & Postmaster

11. Industry or business XXXX

FATHER
12. Name Geo. Chapman
13. Birthplace unknown Indiana
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Mary E. Crow
15. Birthplace unknown Georgia
(City, town, or county) (State or foreign country)

16. (a) Informant Mary Chapman
(b) Address Magnolia, Missouri.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof May 3 1943 (Month) (Day) (Year)
(c) Place: burial or cremation Warrensburg, Mo.

18. (a) Signature of funeral director Canaday & Ropp
(b) Address Holden, Missouri.

19. (a) 5/3/43 (Date received local registrar) (b) [illegible] (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 30 year 1943 hour 4:30 minute P M.

21. I hereby certify that I attended the deceased from Dec 2, 1939, to April 30, 1943; that I last saw him alive on April 30, 1943 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Chronic Myocarditis	
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death) Chronic Nephritis & Hypertension	

Major findings:
Of operations —
Of autopsy —

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

23. Signature Kelly Rawlins (M. D. ~~Brother~~)
Address Holden Mo Date signed 5/5/43

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 8
District File Number
Date Filed 6-4-43

AUG 10 1943

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 M L Canaday

Licensed Embalmer No. 3434

P. O. Address Holden, 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.