

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

FILED JUN 7 1943

Primary Registration District No. 5915

Registrar's No. 56

1. PLACE OF DEATH:

(a) County Perry
(b) City or town Rural Central
(c) Name of hospital or institution:
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution
In this community 70- 5- 14 (Specify whether
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Perry
(c) City or town Rural Central
(d) Street No.
(e) Citizen of foreign country?
If yes, name country

3. (a) PRINT FULL NAME Emile Chappius

3. (b) If veteran, name war 3. (c) Social Security No. None

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

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

7. Birth date of deceased December 17 1872
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>70</u>	<u>5</u>	<u>14</u> hr. min.

9. Birthplace Perry Co. Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business

12. Name Elias Chappius

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

14. Maiden name Sophia Monier

15. Birthplace Perry Co Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Wallace Chappius

(b) Address Perryville Mo.

17. (a) Burial (b) Date thereof June 2 1943
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Perryville Mo.

18. (a) Signature of funeral director Young's Sons

(b) Address Perryville Mo

19. (a) 6-2-1943 (b) Thos Y Elder
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 31
year 1943 hour 12 minute 20 A. M.

21. I hereby certify that I attended the deceased from May 30, 1943, to May 31, 1943
that I last saw him alive on May 30, 1943
and that death occurred on the date and hour stated above.

Immediate cause of death Uremic Poisoning

Due to unperfected postals
Stone in bladder

Other conditions (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

23. Signature O Miller (M. D. or other)

Address Perryville Mo Date signed 6/1/43

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

MOTHER FATHER

RECEIVED

District Health Officer No. 4
District File Number 643-2251
Date Filed 6-4-43

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 Wallace Young.....

Licensed Embalmer No. 4027.....

P. O. Address Perryville 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.