

FILED APR 23 1945

Registration District No. 207

Primary Registration District No. 3048

Registrar's No. 49

1. PLACE OF DEATH:

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

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Nodaway
(c) City or town Maryville Mo
(If outside city or town limits, write "RURAL")
(d) Street No. 945 S. Main
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Joseph Cyrus Chappell
3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month mar day 13th
year 1945 about 2 minute A M.
21. I hereby certify that I attended the deceased from not
attended 19____, to _____, 19____;
that I last saw him alive on not seen _____, 19____;
and that death occurred on the date and hour stated above.

4. Sex M 5. Color or race W 6. (a) Single, widowed, married, divorced widowed
6. (b) Name of husband or wife Ella Burr Chappell Deane 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased Feb 1 1865
(Month) (Day) (Year)

Immediate cause of death except unknown history of heart disease
Due to unknown 3 yrs
Due to _____

8. AGE: Years Months Days If less than one day
80 1 17 hr. _____ min.

Other conditions (Include pregnancy within 3 months of death)
Major findings: no operations
Of operations _____
Of autopsy no autopsy 950

9. Birthplace Maryville Missouri
(City, town or county) (State or foreign country)
10. Usual occupation Operator of Oak Hill

11. Industry or business
12. Name John Chappell
13. Birthplace unknown Virginia
(City, town, or county) (State or foreign country)
14. Maiden name unknown
15. Birthplace unknown unknown
(City, town, or county) (State or foreign country)

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) none
(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)

16. (a) Informant Mrs A. B. Bail
(b) Address 822 Alinda Lee Maines Dr
17. (a) Burial (b) Date thereof 3-15-45
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Oak Hill
18. (a) Signature of funeral director Campbell Funeral Home
(b) Address Maryville Missouri
19. (a) 3-14-45 (b) Bliss Barber
(Date received local registrar) (Registrar's signature)

23. Signature L E Dean (M. D. or other) MD
Address Maryville Mo Date signed 3-14-45

1349

(Licensed Embalmer's Statement on Reverse Side)

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

74
2

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 William Campbell
Licensed Embalmer No. 2620
P. O. Address Maryville M.

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.