

FILED JUL 14 1945

Registration District No. _____

Primary Registration District No. **3008**

Registrar's No. **209**

1. PLACE OF DEATH:

(a) County **Callaway**
(b) City or town **Fulton**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: **State Hosp. #1**
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **since Sept 23-41** (Specify whether years, months or days)

3. (a) PRINT FULL NAME **Earnest Chapman**

3. (b) If veteran, name war. _____ 3. (c) Social Security No. _____

4. Sex **m** 2) 5. Color or race **C** 6. (a) Single, widowed, married, divorced **5**
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased **not given**
(Month) (Day) (Year)

8. AGE: Years **32?** Months _____ Days _____ If less than one day hr. _____ min. _____

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

10. Usual occupation **Teacher**

11. Industry or business _____

MOTHER FATHER { 12. Name **Nathaniel Chapman**
13. Birthplace **Miss** (City, town, or county) (State or foreign country)
14. Maiden name **Emma**
15. Birthplace **Miss** (City, town, or county) (State or foreign country)

16. (a) Informant **Record**

(b) Address _____

17. (a) **Removal** (Burial, cremation, or removal) (b) Date thereof **7/2/45**
(Month) (Day) (Year)

(c) Place: burial or cremation **St. Louis, Mo (Washington)**

18. (a) Signature of funeral director **Hallock Funeral Home**

(b) Address **Fulton, Mo (C. Brown)**

19. (a) **7-1-1945** (Date received local registrar) (b) **Jesse Marshall** (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Mo** (b) County **Mississippi**
(c) City or town **East Prairie, Mo**
(If outside city or town limits, write "RURAL")
(d) Street No. **12** (If rural, give location)
(e) Citizen of foreign country? **0** (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **6** day **22**
year **1945** hour **7** minute **40** M.

21. I hereby certify that I attended the deceased from **10-23-1941** to **6-22-1945**
that I last saw him alive on **6-22-1945**
and that death occurred on the date and hour stated above.

Immediate cause of death **Tuberculosis** Duration _____

Due to _____

Due to _____

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

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) _____ (e) Means of injury **0**

23. Signature **F. E. Stewart** (M. D. or Other)

Address **Fulton Mo** Date signed **6/22/45**

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

14
1
2

MISSOURI STATE BOARD OF HEALTH
REGISTERED
130

RECEIVED

District Health Officer No. 9,

District File Number.....

Date Filed 7-13-45

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 Denzil C. Browning

Licensed Embalmer No. 2724

P. O. Address Fulton 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.