

DEPARTMENT OF COMMERCE THE STATE BOARD OF HEALTH OF MISSOURI  
BUREAU OF THE CENSUS  
**FILED JUN 10 1946 STANDARD CERTIFICATE OF DEATH**

16186

State File No. \_\_\_\_\_  
Registrar's No. 41

Registration District No. 100 Primary Registration District No. 5388

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

**1. PLACE OF DEATH:**  
 (a) County De Witt  
 (b) City or town Rural, Short Bend  
(If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution: 1  
(If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution \_\_\_\_\_  
(Specify whether)  
 In this community 19 11  
years, months or days

**2. USUAL RESIDENCE OF DECEASED:**  
 (a) State Missouri (b) County De Witt 33  
 (c) City or town Rural 0  
(If outside city or town limits, write "RURAL")  
 (d) Street No. \_\_\_\_\_  
(If rural, give location)  
 (e) Citizen of foreign country? American (Yes or No) 0  
 If yes, name country \_\_\_\_\_

**3. (a) PRINT FULL NAME** Mary Garlin Chapman  
 3. (b) If veteran, name war \_\_\_\_\_  
 3. (c) Social Security No. \_\_\_\_\_

**MEDICAL CERTIFICATION**  
 20. DATE OF DEATH: Month 5 day 18<sup>th</sup>  
 year 1946 hour 2 minute 00<sup>am</sup>.  
 21. I hereby certify that I attended the deceased from 9-19-40 to 5-17-46  
 that I last saw her alive on 5-17-46  
 and that death occurred on the date and hour stated above.

4. Sex F 5. Color or race W  
 6. (a) Single, widowed, married, divorced W  
 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
 7. Birth date of deceased Dec-22-1865  
(Month) (Day) (Year)

Immediate cause of death Chronic Myocarditis - decompensation  
 Duration months

**8. AGE:** Years 81 Months \_\_\_\_\_ Days \_\_\_\_\_ If less than one day \_\_\_\_\_ hr \_\_\_\_\_ min.

Due to \_\_\_\_\_  
 Due to \_\_\_\_\_  
 Other conditions Diabetes Mellitus  
(Include pregnancy within 3 months of death)  
 Major findings:  
 Of operations \_\_\_\_\_  
 Of autopsy \_\_\_\_\_

9. Birthplace De Witt Co Missouri  
(City, town, or county) (State or foreign country)  
 10. Usual occupation None

**MOTHER FATHER**  
 11. Industry or business \_\_\_\_\_  
 12. Name Ritchard Freeman  
 13. Birthplace \_\_\_\_\_  
 14. Maiden name Martha Taffel  
 15. Birthplace Crossford Tenn  
(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) \_\_\_\_\_  
 (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? \_\_\_\_\_

16. (a) Informant Alpen Chapman  
 (b) Address Sligo Ind

17. (a) \_\_\_\_\_ (b) Date thereof 5-20-46  
(Burial, cremation, or removal) (Month) (Day) (Year)  
 (c) Place: burial or cremation Sligo Cemetery  
 18. (a) Signature of funeral director Sheelville Ind  
 (b) Address \_\_\_\_\_  
 19. (a) 5-21-46 (b) M. M. Hart, M.D. by Mary  
(Date received local registrar) (Registrar's signature)

While at work? \_\_\_\_\_  
 (Specify type of place) (c) Means of injury \_\_\_\_\_  
 23. Signature J. A. Hunt (M. D. or other) MD  
 Address Sligo, Mo. Date signed 5/24/46

**PHYSICIAN**  
 Underline the cause to which death should be charged statistically.  
200  
200  
4/5

1948 AUG 2

RECEIVED

District Health Officer No. 5,

District File Number

646371

Date Filed

6-6-46

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 *L. J. Janso*

....., Registered Apprentice No.....  
working under my personal supervision.

Signed..... *L. J. Janso*

Licensed Embalmer No. *2379*

P. O. Address..... *Steelville 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.