

FILED 009 8 1946

Primary Registration District No. 4462

Registrar's No. 303

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

1. PLACE OF DEATH:

(a) County St. Francois

(b) City or town Clervoie, mo  
(If outside city or town limits, write "RURAL" and name of township)

(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 \_\_\_\_\_ (Specify whether years, months or days)

In this community ~~\_\_\_\_\_~~ 2MO-10da

3. (a) PRINT FULL NAME Luther Wayne Chapman

3. (b) If veteran, name war \_\_\_\_\_

3. (c) Social Security No. \_\_\_\_\_

4. Sex m

5. Color or race w

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

6. (b) Name of husband or wife \_\_\_\_\_

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

7. Birth date of deceased: July 4<sup>th</sup> 1946  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>2</u>	<u>15</u>		hr. _____ min.

9. Birthplace Clervoie, mo  
(City, town, or county) (State or foreign country)

10. Usual occupation (Infant)

11. Industry or business \_\_\_\_\_

12. Name Unknown

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

14. Maiden name Olivia Chapman

15. Birthplace Clervoie, mo  
(City, town, or county) (State or foreign country)

16. (a) Informant Wm Chapman

(b) Address Clervoie, mo

17. (a) Burial (b) Date thereof 9-21-46  
(Official, cremation or removal) (Month) (Day) (Year)

(c) Place of burial or cremation Calvary Cemetery

18. (a) Signature of funeral director Baldwell

(b) Address East River

19. (a) 9-30-46 (b) Ether Rudloff  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Francois

(c) City or town Clervoie, mo  
(If outside city or town limits, write "RURAL")

(d) Street No. \_\_\_\_\_ (If rural, give location)

(e) Citizen of foreign country? no (Yes or No)  
If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 19<sup>th</sup>  
year 1946 hour 12 minute 45 P. M.

21. I hereby certify that I attended the deceased from Sept. 19, 1946 to Sept. 19, 1946; that I last saw him alive on Sept. 19, 1946 and that death occurred on the date and hour stated above.

Immediate cause of death: Congenital malformation of the digestive system.

Duration 3 mo.

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions: \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Major findings: 1576

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? \_\_\_\_\_

While at work? \_\_\_\_\_ (Specify type of place) (e) Means of injury L

Signature W. D. Morris (M. D. or other) MD.

Address Clervoie, Mo. Date signed 9-21-46

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RECEIVED

District Health Officer No. 4  
District File Number 1046-2203  
Date Filed 10-7-46

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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 W. A. Baldwin  
Licensed Embalmer No. 3317  
P. O. Address Flat River 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.