S. No. 2
0M—5-43
v. 5-17-39
I X36671

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED NOV 12 1946

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 34093

Registration District No. 187 Primary Registration District No. 2040 Registrar's No. 125

1. PLACE OF DEATH:
(a) County Livingston
(b) City or town Chillicothe (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 116 Ninth Street (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 70 years.

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Livingston
(c) City or town Chillicothe (If outside city or town limits, write "RURAL")
(d) Street No. 116 Ninth Street (If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Phoebe Sarena Chapin
3. (b) If veteran, name war No
3. (c) Social Security No. None
4. Sex Female
5. Color or race White
6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife Arthur F. Chapin
6. (c) Age of husband or wife if alive D years
7. Birth date of deceased (Month) (Day) (Year)
8. AGE: Years 94 Months Days If less than one day hr. min.
9. Birthplace Frankfort (City, town, or county) Kentucky (State or foreign country)
10. Usual occupation
11. Industry or business Housewife
MOTHER FATHER
12. Name unknown
13. Birthplace Unknown (City, town, or county) (State or foreign country)
14. Maiden name Unknown
15. Birthplace Unknown (City, town, or county) (State or foreign country)
16. (a) Informant Maynard Chapin
(b) Address New York City, New York
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 10-23-46 (Month) (Day) (Year)
(c) Place: burial or cremation Edgewood Cemetery
18. (a) Signature of funeral director Norman Funeral Home
(b) Address Chillicothe, Missouri.
19. (a) Oct-22-46 (Date received local registrar) (b) Frances B. Neill (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 21st year 1946 hour 2 minute 10 P M.
21. I hereby certify that I attended the deceased from Aug. 15, 1946 to Oct. 21, 1946 that I last saw her alive on Oct 11, 1946 and that death occurred on the date and hour stated above.

Immediate cause of death Fracture of neck of femur — Duration 77 days.
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) accident
(b) Date of occurrence Aug. 15, 1946
(c) Where did injury occur? Chillicothe Livingston Mo (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? Home, fell on floor (Specify type of place)
While at work? No (e) Nature of injury Fall
23. Signature G. W. Carpenter (M. D. or other)
Address Chillicothe Mo Date signed 10/22/46

171 (Licensed Embalmer's Statement on Reverse Side)

DISTRICT HEALTH OFFICE
Cameron, Mo.

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 Elton L. Norman

Licensed Embalmer No. 4036

P. O. Address Chillicothe, 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.