

FILED MAY 9 1947

State File No.

Registration District No. 228

Primary Registration District No. 3046

Registrar's No. 29

1. PLACE OF DEATH:

(a) County Moniteau
(b) City or town California
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Latham Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution Six days
In this community Six days
years, months or days

3. (a) PRINT FULL NAME MAYME LEE CHAPMAN

3. (b) If veteran, name war None
3. (c) Social Security No. None

4. Sex Female 5. Color or race white
6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Dan S. Chapman
6. (c) Age of husband or wife if alive 65 years

7. Birth date of deceased January, 19th, 1883
(Month) (Day) (Year)

| 8. AGE: | Years | Months | Days | If less than one day |
|---------|-----------|----------|-----------|----------------------|
| | <u>64</u> | <u>2</u> | <u>26</u> | hr. min. |

9. Birthplace Moniteau County Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business Home

MOTHER FATHER {
12. Name George W. Snorgrass
13. Birthplace Moniteau County, Missouri
(City, town, or county) (State or foreign country)
14. Maiden name Annie Collins
15. Birthplace Unknown
(City, town, or county) (State or foreign country)

16. (a) Informant Dan S. Chapman (Husband)

(b) Address Versailles, Missouri

17. (a) Burial (b) Date thereof 4/14/47
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Versailles, Mo.

18. (a) Signature of funeral director Jessie E. Richard

(b) Address upton mo.

19. (a) 4-17-47 (b) H. R. Popejoy
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Morgan
(c) City or town Rural
(If outside city or town limits, write "RURAL")
(d) Street No. Two Miles West Versailles
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country Native

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 14
year 1947 hour 4 minute 45 a. M.

21. I hereby certify that I attended the deceased from April 9, 1947, to April 14, 1947.
that I last saw her alive on April 14, 1947.
and that death occurred on the date and hour stated above.

Immediate cause of death Chronic emphysema gall bladder (cat cholecystitis)

Due to _____

Due to _____

Other conditions Myocarditis
(Include pregnancy within 9 months of death) 1 year.

Major findings: Pus infected
Of operations 1279A

Of autopsy _____

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 0

23. Signature L. S. Latham (M. D. or other)
Address California Mo. Date signed 4-14-47

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

RECEIVED
District Health Officer No. 9,
District File Number
Date Filed 5-5-47

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 me

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

Signed James E. Richards
Licensed Embalmer No. 2466
P. O. Address Lepton 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.