S. No. 2
M—1/47
. 5-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED JUL 15 1948

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 18538

Registration District No. 1 | Primary Registration District No. 3000 | Registrar's No. 226

1. PLACE OF DEATH:

(a) County: Adair

(b) City or town: Kirksville, Missouri (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Anna R. Still Memorial Osteopathic Convalescent Home (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 1 yr., 8 mo., 9 days (Specify whether years, months or days)

In this community 1 yr., 8 mo., 9 days

2. USUAL RESIDENCE OF DECEASED:

(a) State: Missouri (b) County: St. Louis

(c) City or town: St. Louis (If outside city or town limits, write "RURAL")

(d) Street No. 5023 Washington (If rural, give location)

(e) Citizen of foreign country? No (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME: Nancy Jane Chappell

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex: F

5. Color or race: W

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

6. (b) Name of husband or wife

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

7. Birth date of deceased: January (Month) 16 (Day) 1865 (Year)

8. AGE: Years 83 | Months 5 | Days 20 | If less than one day hr. min.

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

10. Usual occupation: Osteopathic Physician

11. Industry or business

FATHER 12. Name: Marcus Lindsey Chappell

FATHER 13. Birthplace: Bullet County, Kentucky (City, town, or county) (State or foreign country)

MOTHER 14. Maiden name: Sara Jane Kurtz

MOTHER 15. Birthplace: Hardin County, Kentucky (City, town, or county) (State or foreign country)

16. (a) Informant: Dr. Laura Chappell

(b) Address: Kirksville Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof July 8/48. (Month) (Day) (Year)

(c) Place: burial or cremation Oak Grove Mausoleum

18. (a) Signature of funeral director: Robert B. Davis

(b) Address: Kirksville Mo

19. (a) 7-6-48 (Date received local registrar) (b) Kate Lambert (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 6th year 1948 hour 3:45 minute A. M.

21. I hereby certify that I attended the deceased from June 26 1948 to July 6, 1948 that I last saw her alive on July 5, 1948 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Medullary failure	3 days
Due to: thrombotic encephalomalacia	year +
Due to: arteriosclerosis	years
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations
Of autopsy

PHYSICIAN — Underline the cause of 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)

While at work? (e) Means of injury

23. Signature: James A. Keller (M. D. or other) DO

Address: Kirksville, Missouri Date signed 7-6-48

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

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

AUG 13 1948

RECEIVED
District Health Officer No. 10
District File Number 7-48-1244
JUL 13 1948
Date Filed

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 James J. Taylor, Registered Apprentice No. 436, working under my personal supervision.

Signed Robert B. Lamm

Licensed Embalmer No. 9219

P. O. Address Kirksville, 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.