

FILED NOV 25 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

36965

State File No. 4732

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. _____

1. PLACE OF DEATH a. COUNTY <u>DACKSON</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Jackson</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Kansas City 10 yrs</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Kansas City 20 98</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>924 Euclid Ave</u>		d. STREET ADDRESS (If rural, give location) <u>2029 Summit St</u>	
3. NAME OF DECEASED a. (First) <u>Georgia</u> b. (Middle) <u>-</u> c. (Last) <u>Chapman</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Nov. 9, 1950</u>
5. SEX <u>Female</u>	6. COLOR OR RACE <u>Col.</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Single</u>	8. DATE OF BIRTH <u>Nov 11, 1907 42 yrs.</u>
9. AGE (In years last birthday) <u>42 yrs.</u>		10. USUAL OCCUPATION (Give kind of work during most of working life, even if retired) <u>Press Operator</u>	11. BIRTHPLACE (State or foreign country) <u>Brunswick, Mo.</u>
10a. USUAL OCCUPATION (Give kind of work during most of working life, even if retired) <u>Press Operator</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Laundry</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
13a. FATHER'S NAME <u>Chured Chapman</u>		13b. MOTHER'S MARRIAGE NAME <u>Franie Banks</u>	14. NAME OF HUSBAND OR WIFE <u>Single</u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>UNKNOWN</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Alta Lee Banks Brunswick</u>
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Stroke & Hemorrhage</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Stroke & Hemorrhage</u> DUE TO (c) <u>Left Chest</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21a. ACCIDENT, SUICIDE, HOMICIDE (Specify) <u>Home accident</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>924 Euclid</u>	
21c. (CITY, TOWN, OR TOWNSHIP), (COUNTY), (STATE) <u>K.C. Jackson Mo</u>			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>11/9/1950 8 PM</u>		21e. INJURY OCCURRED DURING WORK <input checked="" type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21f. HOW DID INJURY OCCUR? <u>Stroke wound</u>			
22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.			
23a. SIGNATURE <u>Thos. A. Jones</u> (Degree or title)		23b. ADDRESS <u>1617 E. 12th</u>	
23c. DATE SIGNED <u>11/10/50</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Reburied</u>		24b. DATE <u>Nov. 10, 1950</u>	
24c. NAME OF CEMETERY OR CREMATORY <u>Brunswick</u>		24d. LOCATION (City, town, or county) (State) <u>Brunswick, Mo</u>	
DATE REC'D BY LOCAL REG. <u>11-10-50</u>		REGISTRAR'S SIGNATURE <u>Geraldine Holmes</u>	
25. FUNERAL DIRECTOR'S SIGNATURE <u>1513 Front</u>		ADDRESS	

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

1111 97407

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 _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed W. C. Davis

Licensed Embalmer No. 4417

P. O. Address R. C., 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.