

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

372923
STATE FILE NUMBER
4845
Registrar's No.

FILED NOV 28 1956

Registration District No. 149 Primary Registration District No. 1002

1. PLACE OF DEATH a. COUNTY JACKSON				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MISSOURI b. COUNTY JACKSON					
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN KANSAS CITY		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN KANSAS CITY		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>			
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION VETERANS ADM HOSPITAL			Length of stay in lb. 32 years		d. STREET ADDRESS 2111 PARK		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		
3. NAME OF DECEASED (Type or print) First ALLEN Middle J Last CHAPPELL				4. DATE OF DEATH Month November Day 8 Year 1956					
5. SEX Male		6. COLOR OR RACE Negro		7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input checked="" type="checkbox"/>		8. DATE OF BIRTH January 25, 1895		9. AGE (In years last birthday) 61 IF UNDER 1 YEAR Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Barber			10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country) Mansfield, Louisiana		12. CITIZEN OF WHAT COUNTRY? U.S.A.		
13. FATHER'S NAME Robert Chappell				14. MOTHER'S MAIDEN NAME Irene Huppa					
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yrs. give war or dates of service) Yes WWI			16. SOCIAL SECURITY NO. 499 10 4161		17. INFORMANT VA Hospital Official Records, K. C. Mo.			Address	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Chronic lymphatic leukemia							INTERVAL BETWEEN ONSET AND DEATH 3 years		
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.		DUE TO (b)		DUE TO (c)		2040		19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>			20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)						
20c. TIME OF INJURY Hour Month, Day, Year a. m. p. m.									
20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION		COUNTY		STATE	
21. I attended the deceased from November 4, 1956 to November 8, 1956 Death occurred at 5:55 AM on the date stated above; and to the best of my knowledge, from the causes stated.									
22a. SIGNATURE Herbert T. Ravines HERBERT T. RAVINES, M.D.				22b. ADDRESS VA Hospital, Kansas City, Mo.				22c. DATE SIGNED 11/8/56	
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal		23b. DATE 11/13/1956		23c. NAME OF CEMETERY OR CREMATORY Ft. Leavenworth Nat'l. Cem.		23d. LOCATION (City, town, or county) (State) Ft. Leavenworth, Kansas			
24. FUNERAL DIRECTOR W. E. Davis				ADDRESS K. C. Mo.		25. DATE RECD. BY LOCAL REG. 11-10-56		26. REGISTRAR'S SIGNATURE Reva Marshall	

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.....
Signature of Student Embalmer

Signed *Landis H. Jackson*

Licensed Embalmer No. *48*

P. O. Address *K. C.*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (It to comply with the above constitutes grounds for revocation of license).
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.