

REC'D AUG 8 1938

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

24159

Do not use this space.

1. PLACE OF DEATH

(a) County Jackson Registration District No. 399
(b) Township Kaw Primary Registration District No. 1002 Registered No. 2664
(c) City Kansas City (d) Street No. Memorah Hosp St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

Jess L. Chambers 5/16
(a) Residence, No. 1232 W 61st St. St. (If nonresident, give city or town and State)
(Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF GOLDIE CHAMBERS
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) aug 4, 1894
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
43 10 28
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Merchant
9. Industry or business in which work was done, as saw mill, bank, etc. Jewelry
10. Date deceased last worked at this occupation (month and year) Feb. about 6 yrs. 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) OHIO

FATHER 13. NAME Solomon S. Chambers

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Russia

MOTHER 15. MAIDEN NAME Sarah P. Miller

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Russia

17. INFORMANT STANLEY CHAMBERS
(ADDRESS) 1232 W 61st St.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Wash Hill Mos'im DATE July 4, 1938

19. FUNERAL DIRECTOR (NAME) J. P. Louis Funeral Home
(ADDRESS) 3400 Woodland Ave

20. FILED 7-4 1938 7:30 m. Crowe
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 2, 1938

22. I HEREBY CERTIFY, That I attended deceased from Jan 1, 1938 to July 2, 1938

I first saw him alive on July 2, 1938 Death is said to have occurred on the date stated above, at 10:45 a.m.

The principal cause of death and related causes of importance were as follows:

Acute coronary occlusion
94%
Date of onset 74 hrs

Other contributory causes of importance:

Previous coronary occlusion

Name of operation none Date of

What test confirmed diagnosis? Phy. signs Was there an autopsy? NO

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Alvario P. Fisher, M. D.

(Address) R20 Prof B.D.

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.....

Licensed Embalmer No.....

P. O. Address.....

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, above space should be left blank.