

REC'D MAY 22 1939

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

15596

Do not use this space.

## 1. PLACE OF DEATH

(a) County Morgan Registration District No. 598  
 (b) Township Buffalo Primary Registration District No. 5799 Registered No. 19  
 (c) City ..... (d) Street No. .... 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

516 Roxie Ellen Chamberlain  
 (a) Residence, No. Morgan County 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 Female 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 Wm Chamberlain

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb 24-1880

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
59 2 10

OCCUPATION 8. Trade, profession, or particular kind of work done, as a lawyer, bookkeeper, etc. At Home  
 9. Industry or business in which work was done, as saw mill, bank, etc.  
 10. Date deceased last worked at this occupation (month and year)  
 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Moniteau County, Mo

FATHER 13. NAME James Kennedy

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Moniteau County, Mo

MOTHER 15. MAIDEN NAME Elizabeth H. Gordon

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Morgan County, Mo

17. INFORMANT (ADDRESS) Mrs. William Cooper Versailles, Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE VERSAILLES City DATE April 16- 39

19. FUNERAL DIRECTOR (NAME) (ADDRESS) J. F. Kidwells Versailles, Mo

20. FILED 5/1 1939 Walter Perry, Jr. Local Registrar

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 14, 1939

22. I HEREBY CERTIFY, That I attended deceased from Sept 30, 1938 to Apr 14, 1939

I last saw him alive on Apr 13, 1939. Death is said to have occurred on the date stated above, at 2 P. m.

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

Paraneoplastic Nephritis (Date of onset unknown)

Other contributory causes of importance: Hypertension & Obesity (Date of onset unknown)

Name of operation none Date of \_\_\_\_\_

What test confirmed diagnosis? clinical history 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? no  
 If so, specify \_\_\_\_\_

(Signed) A. J. Gunn, M. D.  
 (Address) Versailles Mo

RECEIVED

District Health Officer No. 7,

District File Number 7-39-718

Date Filed 5-6-39

**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, \_\_\_\_\_

Gene Dartram, or by \_\_\_\_\_

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

Signed Gene Dartram

Licensed Embalmer No. 4821

P. O. Address Versailles, 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, above space should be left blank.**

FILL IN ANSWERS TO ALL SPACES  
CHECKED IN RED PENCIL.

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

15-5-96  
Do not use this space.

1. PLACE OF DEATH

(a) County Morgan Registration District No. 598  
 (b) Township Buffalo Primary Registration District No. 3794 Registered No. 19  
 (c) City ..... (d) Street No. .... 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 Ronie Ellen Chamberlain

(a) Residence, No. .... 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 7 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED W (write the word)

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY, AND YEAR)

7. AGE YEARS 59 MONTHS 2 DAYS 10 If LESS than 1 day, .... hrs. or ..... min.

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. ....  
 9. Industry or business in which work was done, as saw mill, bank, etc. ....  
 10. Date deceased last worked at this occupation (month and year) ..... 11. Total time (years) spent in this occupation .....

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

FATHER 13. NAME .....  
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) .....

MOTHER 15. MAIDEN NAME .....  
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) .....

17. INFORMANT (ADDRESS) .....

18. BURIAL, CREMATION, OR REMOVAL PLACE DATE 19 .....

19. FUNERAL DIRECTOR (ADDRESS) .....

20. FILED 19 .....

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 4-14 1937

22. I HEREBY CERTIFY, That I attended deceased from 19... to 19...  
 I last saw h. .... alive on ....., 19... Death is said to have occurred on the date stated above, at ..... m.  
 The principal cause of death and related causes of importance were as follows:  
parenchymatous nephritis Date of onset  
chronic m/c  
unknown  
 Other contributory causes of importance:  
Hypertension + obesity m/c

Name of operation ..... Date of .....  
 What test confirmed diagnosis? ..... Was there an autopsy? .....

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) A. J. Gump M. D.  
 (Address) Wesville Mo

SUPPLEMENTARY

REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETED AS PRESCRIBED BY LAW.  
 CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

Local Registrar.

