

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

36488

State File No. \_\_\_\_\_

Registrar's No. 153

Registration District No. 796

Primary Registration District No. 3038

1. PLACE OF DEATH:

(a) County Saline  
(b) City or town marshall  
(c) Name of hospital or institution 550 S. 6th Newworth  
(If outside city or town limits, write "RURAL" and name of township)  
(d) Length of stay: In hospital or institution 3  
(Specify whether Life)  
In this community Life  
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State mo (b) County Saline  
(c) City or town Norton  
(If outside city or town limits, write "RURAL")  
(d) Street No. 0  
(If rural, give location)  
(e) If foreign born, how long in U. S. A. ? \_\_\_\_\_ years.

3. (a) PRINT FULL NAME GEORGE H CHAMBERLAIN

3. (b) If veteran, \_\_\_\_\_ name war \_\_\_\_\_  
3. (c) Social Security No. \_\_\_\_\_

4. Sex m 5. Color or race w  
6. (a) Single, widowed, married, divorced divorced

6. (b) Name of husband or wife Griffith  
6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased June - 19 - 1876  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
64 3 13 hr. \_\_\_\_\_ min

9. Birthplace Norton mo  
(City, town, or county) (State or foreign country)

10. Usual occupation Painter

11. Industry or business 1

12. Name Peter Chamberlain

13. Birthplace Canada  
(City, town, or county) (State or foreign country)

14. Maiden name Mary Langan

15. Birthplace So. Carolina  
(City, town, or county) (State or foreign country)

16. (a) Informant Mary Campbell

(b) Address marshall mo

17. (a) Burial (b) Date thereof 10-3-40  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Ridge Park

18. (a) Signature of funeral director Harry Herzberger  
(b) Address marshall mo  
19. (a) 10-3-40 (b) Mary Kent  
(Date between local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month oct day 2  
year 1940 hour 6:20 minute A M.

21. I hereby certify that I attended the deceased from Aug 1 -  
1940 to Sept 1 1940;  
that I last saw him alive on Oct 1 1940  
and that death occurred on the date and hour stated above.

Immediate cause of death  
Arteriosclerosis  
Due to Stomach 8 Moos

Due to 46  
Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Major findings: Of operations None  
Of autopsy no  
PHYSICIAN \_\_\_\_\_  
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) no

(b) Date of occurrence no

(c) Where did injury occur? no  
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?  
no (Specify type of place) (e) Means of injury \_\_\_\_\_

23. Signature [Signature] (M. D. or other) \_\_\_\_\_  
Address marshall Date signed 10-3-40

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

RECEIVED  
District Health Officer No. 8,  
District File Number 11-13-110  
Date Filed 11-13-110

**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 Felix Benz

Licensed Embalmer No. H127

P. O. Address Marshall, 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.**