

FEB 17 1941

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 2419

Registration District No. 258

Primary Registration District No. 5361

Registrar's No. 1

1. PLACE OF DEATH:

(a) County. DeKalb
(b) City or town. Rural, Sherman
(c) Name of hospital or institution: R.F.D. # 1, Clarksdale, Mo.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution. 2 years
(Specify whether years, months or days)
In this community 2 years

3. (a) PRINT FULLNAME. Amanda Chambers

3. (b) If veteran, name was None 3. (c) Social Security No. None

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife. Lewis Chambers 6. (c) Age of husband or wife if alive 1852
7. Birth date of deceased July 15th
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
88 5 23 hr. min.

9. Birthplace Hemphre Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation At Home

11. Industry or business Retired

12. Name James Kerns

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

14. Maiden name Elizabeth Boyer

15. Birthplace Unknown Pennsylvania
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Elizabeth Sherman

(b) Address R.F.D. # 1, Clarksdale, Mo.

17. (a) Burial (b) Date thereof 1/10/41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Freeman Chapel Cem.

18. (a) Signature of funeral director Boorman

(b) Address St. Joseph, Mo.

19. (a) 1/13 1941 (b) Mrs. C. M. Davis
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Buchanan
(c) City or town Rural
(If outside city or town limits, write "RURAL")
(d) Street No. R.F.D. # 2, Easton, Mo.
(If rural, give location)
(e) If foreign born, how long in U. S. A. ? years

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan'y day 8th
year 1941 hour 7:00 minute 30p M.

21. I hereby certify that I attended the deceased from January 7th to January 8th, 1941
that I last saw him alive on January 7th, 1941
and that death occurred on the date and hour stated above.

Immediate cause of death. chronic Myocarditis
Duration 2 yrs

Due to

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy

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

(a) Accident, suicide, or homicide (specify)

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?

(Specify type of place) (e) Means of injury

23. Signature O. L. Perkins (M. D. or other)

Address Clarksdale, Mo. Date signed 1/9/41

(Licensed Embalmer's Statement on Reverse Side)

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

MOTHER FATHER

Embalmer

Missouri

Funeral

R.F.D. 2, E. of St. Louis, Mo.

Funeral Home, St. Louis, Mo.

R.F.D. 1, Jackson, Mo.

2 years

Funeral Home, St. Louis, Mo.

Funeral Home, St. Louis, Mo.

Funeral Home, St. Louis, Mo.

Funeral Home, St. Louis, Mo.

22 3 22

Funeral Home, St. Louis, Mo.

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 1-8-41

working under my personal supervision.

Signed

Wm. E. Summerfield

Licensed Embalmer No. 2007

Address 319 So. 10th St. St. Louis, 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.