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DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. 10456

Dr. Hill

Registration District No. 213

Primary Registration District No. 2014

Registrar's No. 77

1. PLACE OF DEATH:

(a) County Cole

(b) City or town Jefferson  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:  
201 1/2 Cherry Street  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 55 years (Specify whether years, months or days)

In this community 55 years

3. (a) PRINT FULL NAME Hiram Dee Chambers

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

4. Sex male 5. Color or race white

6. (a) Single, widowed, married, divorced, widower

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

7. Birth date of deceased June 28 1858  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

82 8 10 hr. \_\_\_\_\_ min.

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

10. Usual occupation Retired prison guard

11. Industry or business \_\_\_\_\_

MOTHER FATHER { 12. Name David Chambers

13. Birthplace Cole County, Mo.  
(City, town, or county) (State or foreign country)

14. Maiden name Caroline Seals

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

16. (a) Informant Mrs. Harrison Hoover

(b) Address Jefferson City, Missouri

17. (a) Burial (b) Date thereof March-12-1941  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation River View Cemetery

18. (a) Signature of funeral director Thos. J. O'Connell

(b) Address Jefferson City, Missouri

19. (a) 3-11-41 (b) [Signature]  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Cole

(c) City or town Jefferson City, Missouri  
(If outside city or town limits, write "RURAL")

(d) Street No. 201 1/2 Cherry Street  
(If rural, give location)

(e) If foreign born, how long in U. S. A. \_\_\_\_\_ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 10<sup>th</sup>  
year 1941 hour \_\_\_\_\_ minute \_\_\_\_\_ M.

21. I hereby certify that I attended the deceased from October, 1940 to March 10<sup>th</sup>, 1941;  
that I last saw him alive on March 3, 1941;  
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Artery Disease

Due to incontinence

Due to 94

Other conditions None  
(Include pregnancy within 3 months of death)

Major findings: Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

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) \_\_\_\_\_

(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? \_\_\_\_\_

23. Signature Gas. A. Hill (Specify type of place) \_\_\_\_\_ (e) Means of injury \_\_\_\_\_

Address 514 Truck Bldg Date signed 3-11-41

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

**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.....

.....  
working under my personal supervision.

.....  
Registered Apprentice No.....

Signed.....

Licensed Embalmer No. 1986

P. O. Address.....  
Jefferson City, MO

**Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)**

**If this body is not embalmed, fact should be so stated above.**