

13-40
7-39
X23159

FILED AUG 15 1944
318

State File No.

Registration District No.

Primary Registration District No. 2001

Registrar's No. 572

1. PLACE OF DEATH:

(a) County GREENE

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

(c) Name of hospital or institution:
St. Johns Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 2 weeks
(Specify whether years, months or days)

In this community One year
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED: 039

(a) State Missouri (b) County Greene 2

(c) City or town Springfield 6
(If outside city or town limits, write "RURAL")

(d) Street No. 1223 Boonville
(If rural, give location)

(e) If foreign born, how long in U. S. A? 0 years.

3. (a) PRINT FULL NAME Loretta Mae Chambers

3. (b) If veteran, name war No

3. (c) Social Security No. NO

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 13th
year 1941 hour nine minute 24 P.M.

21. I hereby certify that I attended the deceased from July 3, 1941, to July 13, 1941; that I last saw her alive on July 13, 1941; and that death occurred on the date and hour stated above.

4. Sex Female

5. Color or race White

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

6. (b) Name of husband or wife None

6. (c) Age of husband or wife if alive XIX years

7. Birth date of deceased August 3, 1929
(Month) (Day) (Year)

Immediate cause of death Septicemia and pyemia Duration 10 days

Due to Staphylococcus infection

Due to Furuncles leg.

Other conditions 24a
(Include pregnancy within 6 months of death)

8. AGE: Years 11 Months 11 Days 10
If less than one day hr. min.

9. Birthplace Wichita, Kan. (City, town, or county) Kansas (State or foreign country)

10. Usual occupation Student

11. Industry or business

Major findings: multiple abscesses lungs, myocardium

Of autopsy and kidney: purulent pleuritis bilateral

PHYSICIAN
Underline the cause to which death should be charged statistically.

MOTHER FATHER

12. Name Max Chambers

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

14. Maiden name Alva Lee Allen

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

16. (a) Informant Mrs. Alva Lee Galobers

(b) Address 1223 Boonville

17. (a) Rogers Ark. (b) Date thereof July, 15 41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Rogers Ark.

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? _____

18. (a) Signature of funeral director Herman Lohmeyer

(b) Address 458 E. Walnut St. City

19. (a) July 15 1941 (b) W. E. Handley MD
(Date received local registrar) (Registrar's signature)

While at work? _____ (Specify type of place)

(e) Means of injury _____

Signature J. J. Siedel (M. D. or other) 7/17/41

Address 558 W. 2nd St. City Date signed _____

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

S 2/736

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

L. D. John Gorman

Licensed Embalmer No.

3177

P. O. Address

Springfield, 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.

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