

FILED SEP 12 1941

Registration District No. 399

Primary Registration District No. 1002

Registrar's No. 3211

1. PLACE OF DEATH

(a) County Jackson

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

(c) Name of hospital or institution: 2320 Spruce
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____
(Specify whether)

In this community 35 years / (Specify whether years, months or days)

3. (a) PRINT FULL NAME Marguerite Chamberlin

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

4. Sex Female 5. Color or race white

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

6. (b) Name of husband or wife William Chamberlin

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

7. Birth date of deceased April 9 1869
(Month) (Day) (Year)

8. AGE: Years 72 Months 4 Days 15
If less than one day hr. min.

9. Birthplace Near - Lincoln, Nebraska
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business _____

12. Name Henry H Bowen

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

14. Maiden name No Record

15. Birthplace _____ 9
(City, town, or county) (State or foreign country)

16. (a) Informant William Chamberlin

(b) Address 2320 Spruce

17. (a) Burial (b) Date thereof 8/26/41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Forest Hill

18. (a) Signature of funeral director Bentley Mortuary

(b) Address 9 K. E. mo

19. (a) 8/26/41 (b) M. M. Crow
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson ⁰⁴⁸

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

(d) Street No. 2320 Spruce
(If rural, give location)

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug, day 24
year 1941 hour one minute 2 A. M.

21. I hereby certify that I attended the deceased from July 7, 1940 to Aug 24, 1941
that I last saw her alive on Aug 23, 1941,
and that death occurred on the date and hour stated above.

Immediate cause of death le cerebral accident

Due to Hypertension ¹ _{82/80} one week

Due to _____

Other conditions 83A
(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?
(Specify type of place) (e) Means of injury _____

23. Signature [Signature] (M. D. or other) [Signature]

Address 3850 Prospect Date signed 8-25-41

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

MOTHER FATHER

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:

Ray B. Huntington

Licensed Embalmer No. *2756*

P. O. Address: *H. C. Two*

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.