

FILED NOV 14 1941

Registration District No. **328**

Primary Registration District No. **5459**

Registrar's No. **35030**

1. PLACE OF DEATH:

(a) County Grundy

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

(c) Name of hospital or institution: Route 2, Trenton (If not in hospital or institution, write street number or location)

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

In this community 37 years (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) County Grundy

(b) City or town Trenton (If outside city or town limits, write "RURAL")

(c) Street No. R7A#2 (If rural, give location)

(d) Citizen of foreign country? No (Yes or No)

If yes, name country _____

3. (a) PRINT FULL NAME CAROLINE E. CHAMBERS

3. (b) If veteran, name war _____

3. (c) Social Security No. NONE

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 12th year 1941 hour 5:00 minute PM M.

4. Sex Female

5. Color or race white

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

6. (b) Name of husband or wife Geo Chambers

6. (c) Age of husband or wife if alive 71 years

7. Birth date of deceased Apr 16 1881 (Month) (Day) (Year)

21. I hereby certify that I attended the deceased from July 1 1941 to Oct 12 1941; that I last saw her alive on Oct 11 1941 and that death occurred on the date and hour stated above.

8. AGE: Years 60 Months 0 Days 25 If less than one day _____ hr. _____ min.

Immediate cause of death Carcinoma of lungs apparently Primary

Due to _____

Due to _____

Other conditions (Include pregnancy within 3 months of death) _____

9. Birthplace Jasper County, Illinois (City, town, or county) (State or foreign country)

10. Usual occupation Homemaker

11. Industry or business Home (Farm)

12. Name WILLIAM KRAMER

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

14. Maiden name ANNA HILST

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

16. (a) Informant Geo R Chambers

(b) Address Trenton Mo. R7A#2

17. (a) burial (Burial, cremation, or removal) (b) Date thereof Feb 14, 1941 (Month) (Day) (Year)

(c) Place: burial or cremation Young City Cemetery Raymo & Dank

18. (a) Signature of funeral director J. J. Fair

(b) Address 10-14-41

19. (a) (Date received local registrar) 2 (b) (Registrar's signature) J. J. Fair

Major findings: Of operations H&F

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? _____

While at work? _____ (Specify type of place) (e) Means of injury _____

23. Signature J. J. Fair (M. D. or other) _____

Address Trenton Mo Date signed 11/13/41

Duration 6 mo

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

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

4000

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.....
Myself
.....
working under my personal supervision.

Registered Apprentice No.....
Signed *Raymond A Davis*
Licensed Embalmer No. *3424*
P. O. Address *Jrenton, 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.