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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED FEB 9 1943

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 3018

Registration District No. 210 Primary Registration District No. 5909 Registrar's No. 1

1. PLACE OF DEATH:

(a) County Pemiscot

(b) City or town Caruthersville Little Prairie Twp.
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: /
(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 1 Year

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Pemiscot

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

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

(e) Citizen of foreign country? No (Yes or No)
If yes, name country 0

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3. (a) PRINT FULL NAME Fannie C. Chambers

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex Female

5. Color or race Col.

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

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

6. (c) Age of husband or wife if alive 53 years

7. Birth date of deceased August 1, 1894 (Month) (Day) (Year)

8. AGE: Years 49 Months 4 Days 20 If less than one day hr. min.

9. Birthplace Brumly (City, town, or county) Tennessee (State or foreign country)

10. Usual occupation Housewife

11. Industry or business None

FATHER
12. Name Joe Johnson
13. Birthplace Tenn. (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Agnis Bates
15. Birthplace Tenn. (City, town, or county) (State or foreign country)

16. (a) Informant Robert Chambers
(b) Address Caruthersville, Mo. Rt. 1 Blood

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Dec. 31, '42 (Month) (Day) (Year)
(c) Place: burial or cremation Holly Grove Cemetery

18. (a) Signature of funeral director German Undt. Co.
(b) Address Steele, Missouri

19. (a) 12-31-1942 (Date received local registrar) (b) Jessie M. Markey (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 28
year 1942 hour 9 minute P. M.

21. I hereby certify that I attended the deceased from Dec. 28, 1942 to Dec 28, 1942
that I last saw h. P. M. alive on Dec. 28, 1942
and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Bronchio-pneumonia	14 days
Due to ✓	
Due to ✓	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations ✓	
Of autopsy ✓	

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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) ✓
While at work? ✓ (e) Means of injury ✓

23. Signature E. L. Taylor (M. D. or other) M.D.
Address Steele, Mo Date signed 12-29-42

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(Licensed Embalmer's Statement on Reverse Side)

1-21-43

Pol Issued 3-1-1941

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 John H. German, Registered Apprentice No. 344, working under my personal supervision.

Signed Hubert J. Burns

Licensed Embalmer No. 3789

P. O. Address Steele Md

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.