

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

10124

State File No.

Registrar's No.

FILED MAR 17 1943

Registration District No.

Primary Registration District No.

1. PLACE OF DEATH

- (a) County Douglas
(b) City or town Rural Boone T.S.
(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

In this community
years, months or days)

3. (a) PRINT
FULL NAME

3. (b) If veteran,
name war

3. (c) Social Security
No.

4. Sex Mo
5. Color or
race W

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

6. (b) Name of husband or wife
Anna Chamberlain

6. (c) Age of husband or wife if
alive 73 years

7. Birth date of deceased

Aug 20 1856
(Month) (Day) (Year)

8. AGE:

Years 86 Months XX Days 22
If less than one day
hr. min.

9. Birthplace

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

10. Usual occupation

Farming

11. Industry or business

12. Name Amos Chamberlain
13. Birthplace unknown
14. Maiden name Parnetta Matson
15. Birthplace unknown

16. (a) Informant Mrs Ethel Birnie
(b) Address Sumner

17. (a) Rural (b) Date thereof 9-13-42
(Burial, cremation, or removal) (Month) (Day) (Year)

- (c) Place of burial White Creek Cem

18. (a) Signature of funeral director N. L. Marler
(b) Address Laineville

19. (a) 3-4-43 (b) Thelma Water
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

- (a) State Mo (b) County Douglas
(c) City or town Rural Boone T.S.
(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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 12
year 1942 hour 7 minute 12 M.

21. I hereby certify that I attended the deceased from Aug 1, 1942
1942 to Sept 10, 1942

that I last saw alive on Sept 10, 1942
and that death occurred on the date and hour stated above.

Immediate cause of death mitral stenosis Duration

Due to

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN

Underline
the cause to
which death
should be
charged sta-
tistically.

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) (c) Means of injury

23. Signature J. Gentry (M. D. or other)
Address Card Date signed 12-2-42

1056

(Licensed Embalmer's Statement on Reverse Side)

Conley

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

1942 - 8 42
1856 - 8 - 20
86 - 0 - 22

1942
86
1886

RECEIVED

District Health Officer No. 6,

District File Number 343-433

Date Filed MAY 16 1943

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

Denver Roller

Licensed Embalmer No.

4006

P. O. Address

Avon, 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.