

Registration District **104**

Primary Registration District No. **4176**

Registrar's No. **13**

1. PLACE OF DEATH:

(a) County **Dunklin**
(b) City or town **Malden**
(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 (Specify whether)

3. (a) PRINT FULL NAME **Shirley Jean Chambers**

3. (b) If veteran, name war. 3. (c) Social Security No.

4. Sex **F** 5. Color of race **W** 6. (a) Single, widowed, married, divorced **S**

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

7. Birth date of deceased **April 25 1928**
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
14 11 12 hr. min.

9. Birthplace **Gideon Mo.**
(City, town, or county) (State or foreign country)

10. Usual occupation **at home**

11. Industry or business _____

MOTHER FATHER
12. Name **R. W. Chambers**
13. Birthplace **Kokomo Ind.**
(City, town, or county) (State or foreign country)
14. Maiden name **Clara Etta O'Banion**
15. Birthplace **Dubuon Ill.**
(City, town, or county) (State or foreign country)

16. (a) Informant **R. M. Chambers**
(b) Address **Malden Mo**

17. (a) **Burial** (b) Date thereof **4-8-43**
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation **Malden Mo**

18. (a) Signature of funeral director **W. R. Carair**
(b) Address **Malden Mo**

19. (a) **April 8-43** (b) **W. D. Elder**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Mo** (b) County **Dunklin**
(c) City or town **Malden**
(If outside city or town limit, write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) If foreign born, how long in U. S. A. **0** years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **April** day **7**
year **1943** hour **12.20** minute **a** M.

21. I hereby certify that I attended the deceased from **April 6**, 1943, to **April 7**, 1943, that I last saw her alive on **April 6**, 1943, and that death occurred on the date and hour stated above.

Immediate cause of death **Shock and Hemorrhage**

Due to **Accidental Gun shot wound April 6**

Due to

Other conditions **184**
(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

Duration **April 6**
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) **April 6 - shot 130-21**
(b) Date of occurrence **Accidental Gun shot wound**
(c) Where did injury occur? **Malden Dunklin Mo**
(City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?
in Home

While at work? **None** (Specify type of place) (e) Means of injury **Gun**

28. Signature **Weyden Carthman** (M. D. or other) **W.D.**
Address **Malden** Date signed **April 7/43**

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

RECEIVED

District Health Office No. 2,

District File Number 543-594

Date Filed 5-6-43

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 W L Craig

Licensed Embalmer No. 74302

P. O. Address Malden

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, above space should be left blank.