

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. \_\_\_\_\_

Registration District No. 294

Primary Registration District No. 0056

Registrar's No. 135

1. PLACE OF DEATH:

(a) County Randolph  
(b) City or town Moberly  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
Wabash Hospital  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 1 day (Specify whether  
In this community \_\_\_\_\_  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson  
(c) City or town Kansas City 40  
(If outside city or town limits, write "RURAL")  
(d) Street No. 3803 E. 7th St 3  
(If rural, give location)  
(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Clifford L. Chamberlin

3. (b) If veteran,  name war \_\_\_\_\_  
3. (c) Social Security No. 702-05-1047

4. Sex Male 5. Color or race White  
6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife William  
6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased July 1st 1874  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
68 11 12 hr. min.

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

10. Usual occupation Retired Switchman

11. Industry or business Wabash RR

12. Name Daniel Chamberlin

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

14. Maiden name Alice Woods

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

16. (a) Informant Mrs William B. Chamberlin

(b) Address Kansas City, Mo

17. (a) Removal (b) Date thereof 6-14-43  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Kansas City, Mo

18. (a) Signature of funeral director Mahan and Son  
(b) Address Moberly Mo

19. (a) 6-14-43 (b) Erma Hove  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 13th  
year 1943 hour 3 minute 50 P.M.

21. I hereby certify that I attended the deceased from June 12th  
1943, to June 13th, 1943.  
that I last saw him alive on June 13th, 1943:  
and that death occurred on the date and hour stated above.

Immediate cause of death: Cancer of the pharynx  
Due to \_\_\_\_\_  
Due to \_\_\_\_\_

Other conditions: none  
(Includes pregnancy within 3 months of death)

Major findings: 45 f.  
Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_

22. If death was due to external causes, fill in the following:  
(a) Accident, suicide, or homicide (specify) no  
(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 Erin Haindl (M. D. or other) \_\_\_\_\_  
Address Wabash Hospital - Moberly Date signed June 14th

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

MOTHER FATHER

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

RECEIVED

District Health Officer No. 10

District File Number 7-43-1132

Date Filed JUL 6 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 Frank S D Witt

Licensed Embalmer No. 3021

P. O. Address Moberly 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.