

FILED AUG 20 1943

Registration District No. **209**

Primary Registration District No. **3043**

Registrar's No. **202**

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

14  
3  
4

1. PLACE OF DEATH:

(a) County **Marion**

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

(c) Name of hospital or institution: **Levering Hospital**  
(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)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Ralls**

(c) City or town **Oakwood**  
(If outside city or town limits, write "RURAL")

(d) Street No. **3712 Tilden**  
(If rural, give location)

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

3. (a) PRINT FULL NAME **Infant son of Ernest W and Grace Chambers**

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

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

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

7. Birth date of deceased **July 15, 1943**  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
**4 hr. 40 min.**

9. Birthplace **Hannibal Missouri**  
(City, town, or county) (State or foreign country)

10. Usual occupation.....

11. Industry or business.....

12. Name **Ernest W. Chambers**

13. Birthplace **No record**  
(City, town, or county) (State or foreign country)

14. Maiden name **Grace Petrie**

15. Birthplace **Hannibal Missouri**  
(City, town, or county) (State or foreign country)

16. (a) Informant **Miss Myra Petrie**

(b) Address **Hannibal Missouri**

17. (a) **Burial** (b) Date thereof **7/18/43**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **LaBelle Missouri**

18. (a) Signature of funeral director **Wm. M. Smith**

(b) Address **902 Broadway Hannibal**

19. (a) **7-17-43** (b) **R. J. Connor**  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **July** day **15**  
year **1943** hour **10** minute **P** M.

21. I hereby certify that I attended the deceased from **July 15 1943** to **July 15 1943**  
that I last saw him alive on **July 15 1943**  
and that death occurred on the date and hour stated above.

Immediate cause of death **Premature 6 1/2 to 7 months**

Due to.....

Due to.....

Other conditions (Include pregnancy within 3 months of death) **159**

Major findings: Of operations.....

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 **Attagessa** (M. D. or Ch. D.)

Address **Hannibal Mo** Date signed **July 16 43**

PHYSICIAN  
Underline the cause to which death should be charged statistically.

**STATEMENT BY LICENSED EMBALMER**

**This body was not embalmed**

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 *Wm M Smith*.....

Licensed Embalmer No..... 1204.....

P. O. Address..... Hannibal Missouri.....

**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.**