

FILED FEB 1 1944  
Registration District No. 177

Primary Registration District No. 3008

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

1. PLACE OF DEATH:

(a) County Callaway

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

(c) Name of hospital or institution:  
State Hosp # 12  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 4 m 26 days  
(Specify whether)

In this community \_\_\_\_\_  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Johnson

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

(d) Street No. 410 East Market  
(If rural, give location)

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

3. (a) PRINT FULL NAME Teray Chambers

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec, day 30, year 1943 hour 8 minute 10 a M.

21. I hereby certify that I attended the deceased from 8-12-43 to 12-29-43, 1943 to 12-29-43, 1943 that I last saw him alive on 12-29, 1943 and that death occurred on the date and hour stated above.

4. Sex Female 5. Color or race W

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

6. (c) Age of husband or wife if alive 9 years

7. Birth date of deceased: April (Month) 9 (Day) 1934 (Year)

Immediate cause of death chronic myocarditis  
Bacterial Pneumonia

Due to \_\_\_\_\_

Due to \_\_\_\_\_

8. AGE: Years 8 3 Months 7 Days \_\_\_\_\_ If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

Other conditions (Include pregnancy within 3 months of death) 93d

Major findings: Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

9. Birthplace ky (City, town, or county) \_\_\_\_\_ (State or foreign country)

10. Usual occupation \_\_\_\_\_

11. Industry or business \_\_\_\_\_

12. Name Milton Dealers

13. Birthplace ky (City, town, or county) \_\_\_\_\_ (State or foreign country)

14. Maiden name DK

15. Birthplace DK 9 (City, town, or county) \_\_\_\_\_ (State or foreign country)

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? \_\_\_\_\_

16. (a) Informant Record

(b) Address \_\_\_\_\_

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof Dec 30, 1943 (Month) (Day) (Year)

(c) Place: burial or cremation Warrensburg, Mo

18. (a) Signature of funeral director Jos. J. Wallace

(b) Address Fulton, Missouri

19. (a) 12-30-1943 (Date received local registrar) (b) Jos. J. Wallace (Registrar's signature)

While at work? \_\_\_\_\_ (Specify type of place) (c) Means of injury \_\_\_\_\_

23. Signature R. E. Sherrill (M. D. or other) \_\_\_\_\_  
Address Fulton and 12th \_\_\_\_\_

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**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 Leo G. Wallace

Licensed Embalmer No. 3373

P. O. Address Fulton 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.**