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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED FEB 14 1944

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 2974

Registration District No. 133 Primary Registration District No. 3022 Registrar's No. 8

1. PLACE OF DEATH:

(a) County Harrison

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

(c) Name of hospital or institution: 0 Wood (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)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Harrison 41

(c) City or town Bethany 0 (If outside city or town limits, write "RURAL")

(d) Street No. Union Twp. 0 (If rural, give location)

(e) Citizen of foreign country? ..... (Yes or No)

If yes, name country 0

3. (a) PRINT FULL NAME George Henry Chamberlin

3. (b) If veteran, name war no

3. (c) Social Security No. no

4. Sex male

5. Color or race 0 white

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

6. (b) Name of husband or wife Sarah

6. (c) Age of husband or wife if alive 88 years

7. Birth date of deceased 12-16-1852 (Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
91	0	19	..... hr. ..... min.

9. Birthplace Clark County Missouri 0 (City, town, or county) (State or foreign country)

10. Usual occupation farmer

11. Industry or business farm

FATHER
12. Name George Chamberlin
13. Birthplace Ohio 1 (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Sarah Murphy
15. Birthplace Ohio 1 (City, town, or county) (State or foreign country)

16. (a) Informant O. H. Chamberlin

(b) Address Bethany, Mo.

17. (a) burial (Burial, cremation, or removal) (b) Date thereof 1-7-44 (Month) (Day) (Year)

(c) Place: burial or cremation Kidwell (Martinsville

18. (a) Signature of funeral director S. M. Haas

(b) Address Bethany, Mo.

19. (a) Jan 15-44 (Date received local registrar) (b) Zola M. Burris (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 1 day 5 year 1944 hour 11 minute 45 A. M.

21. I hereby certify that I attended the deceased from 12-31- 1943 to 1-5- 1944 that I last saw him alive on 1-5- 1944 and that death occurred on the date and hour stated above.

Immediate cause of death cancer on lower lip & cancer of the bowel & complications "Flu" of bronchial pneumonia

~~Due to~~

Due to

Other conditions senility (Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

46e

Duration

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)

(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? (Specify type of place)

While at work? (e) Means of injury

23. Signature Emerson L. Goodman (M. D. or other) D.O.

Address Bethany - Mo. Date signed 1-14-44

(Licensed Embalmer's Statement on Reverse Side)

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.....

Licensed Embalmer No.....3899

P. O. Address.....Bethany, Me

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.