No. 2
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5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED NOV 16 1945

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

37269

State File No.

Registration District No. 132

Primary Registration District No. 3-0-2 | 5480

Registrar's No.

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

1. PLACE OF DEATH:

(a) County Grundy Co

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

(c) Name of hospital or institution: Home 1
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether
In this community 33 years.
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Grundy 40

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

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

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

If yes, name country

3. (a) PRINT FULL NAME GEORGE ROY 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, 2 divorced widowed

6. (b) Name of husband or wife —

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

7. Birth date of deceased January (Month) 24 (Day) 1871 (Year)

8. AGE: Years 74 Months 8 Days 22 If less than one day hr. min.

9. Birthplace Colona (City, town, or county), Ill 1 (State or foreign country)

10. Usual occupation Farming

11. Industry or business Farm

FATHER
12. Name Andrew Jackson Chambers
13. Birthplace Unknown (City, town, or county) unknown (State or foreign country)

MOTHER
14. Maiden name Phoebe Wyman
15. Birthplace unknown (City, town, or county) unknown (State or foreign country)

16. (a) Informant Roy Chambers
(b) Address Trenton, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Oct. 19, 1945 (Month) (Day) (Year)
(c) Place: burial or cremation Grundy Center

18. (a) Signature of funeral director Davis Funeral Home
(b) Address Trenton, Missouri

19. (a) (Date received local registrar) (b) (Registrar's signature)

MEDICAL CERTIFICATION

20. **DATE OF DEATH:** Month October day 17
year 1945 hour 4 minute 30 a.m.

21. I hereby certify that I attended the deceased from Jany 10, 1945, to Oct 17, 1945;
that I last saw him alive on Oct 16, 1945;
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death General Anasarca	
Due to Mitral Regurgitation	2 yrs
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

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 [signature] (M. D. or other)

Address Trenton Mo Date signed 10/19/45

1451

(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~~ myself, Registered Apprentice No. _____, working under my personal supervision.

Signed Robert B. Davis

Licensed Embalmer No. 4219

P. O. Address Trenton, 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.

S. No. 2B
5M—3-45
I X43880

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 11e c

Registration District No. 132 Primary Registration District No. 5480 Registrar's No.

1. PLACE OF DEATH:
(a) County Grundy
(b) City or town Rural Trenton Twp
(If outside city or town limits, write "RURAL" and name of township)
(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 years, months or days)
In this community

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo (b) County Grundy
(c) City or town Trenton
(If outside city or town limits, write "RURAL")
(d) Street No. Rte 6
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME George R. Chamberlin
3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex M
5. Color or race W
6. (a) Single, widowed, married, divorced Wid
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Birth date of deceased Jan 27 1875 (Month) (Day) (Year)
8. AGE: Years 74 Months Days If less than one day hr. min.
9. Birthplace (City, town, or county) Ill (State or foreign country)
10. Usual occupation
11. Industry or business
MOTHER FATHER
12. Name
13. Birthplace (City, town, or county) (State or foreign country)
14. Maiden name
15. Birthplace (City, town, or county) (State or foreign country)
16. (a) Informant
(b) Address
17. (a) (Burial, cremation, or removal) (b) Date thereof (Month) (Day) (Year)
(c) Place: burial or cremation
18. (a) Signature of funeral director
(b) Address
19. (a) 11-30-45 (Date received local registrar) (b) Irene Fair (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Day year 1945 hour minute M.
21. I hereby certify that I attended the deceased from , 19 to , 19 ; that I last saw h alive on , 19 ; and that death occurred on the date and hour stated above.

Immediate cause of death — Duration
Due to
Due to
Other conditions
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

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 (M. D. or other)
Address Date signed

SUPPLEMENTARY

37269