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5-17-39  
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DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **3632**  
Registrar's No. **10**

FILED FEB 14 1946

Registration District No. **275** Primary Registration District No. **3053**

1. PLACE OF DEATH:  
(a) County **Shelby**  
(b) City or town **Royal**  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: **McFarland Memorial**  
(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 **Mo** (b) County **Monroe**  
(c) City or town **Royal - Shelby**  
(If outside city or town limits, write "RURAL")  
(d) Street No. \_\_\_\_\_ (If rural, give location)  
(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME **Betty Lou Chambers**  
(b) If veteran, name war \_\_\_\_\_ (c) Social Security No. \_\_\_\_\_

4. Sex **F** 5. Color or race **White** 6. (a) Single, widowed, married, divorced **1**  
6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
7. Birth date of deceased **Jan 4, 1946**  
(Month) (Day) (Year)

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

9. Birthplace **Royal Mo.**  
(City, town, or county) (State or foreign country)

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

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

12. Name **Thomas Chambers**

13. Birthplace **Monroe Mo**  
(City, town, or county) (State or foreign country)

14. Maiden name **Betty Moreland**

15. Birthplace **Shelby Mo.**  
(City, town, or county) (State or foreign country)

16. (a) Informant **Thomas Chambers**  
(b) Address **Royal Mo**

17. (a) **Royal** (b) Date thereof **1-5-46**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Macidusa**

18. (a) Signature of funeral director **W. J. Dow**  
(b) Address **Royal Mo**

19. (a) **Jan 5, 1946** (b) **Mrs. Juanita Shreve**  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Jan** day **4**  
year **1946** hour **6** minute **10** A.M.

21. I hereby certify that I attended the deceased from **January 4<sup>th</sup> 1946** to **January 4<sup>th</sup> 1946**  
that I last saw her alive on **January 4<sup>th</sup> 1946**  
and that death occurred on the date and hour stated above.

Immediate cause of death **Premature**

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

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

Other conditions **Pregnancy about 6 1/2 months**  
(Include pregnancy within 3 months of death)

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

Of autopsy **159**

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? \_\_\_\_\_

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

23. Signature **Coffinmaker** (M. D. \_\_\_\_\_)

Address **Royal, Mo.** Date signed **J. 5 '46**

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

1700

**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 \_\_\_\_\_, working under my personal supervision.

Signed \_\_\_\_\_

*Max E. Embalmed*

Licensed Embalmer No. \_\_\_\_\_

P. O. Address \_\_\_\_\_

**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.**