

S. No. 2
DM-5-43
v. 5-17-39
I X3667

FILED MAY 16 1946
Registration District No. 132

Primary Registration District No. 3021

Registrar's No.

1. PLACE OF DEATH:

(a) County GRUNDY

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

(c) Name of hospital or institution:
1800 Harris Ave 1
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 7 1/2 years (Specify whether years, months or days)

In this community 7 1/2 years

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Grundy 40

(c) City or town Trenton 1
(If outside city or town limits, write "RURAL")

(d) Street No. 1300 Harris Ave 2
(If rural, give location)

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

If yes, name country _____

3. (a) PRINT FULL NAME Lela M. Chumbley

3. (b) If veteran, name war _____

3. (c) Social Security No. NONE

4. Sex Female / 5. Color or race White

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

6. (b) Name of husband or wife John Chumbley

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

7. Birth date of deceased: June 23 1974
(Month) (Day) (Year)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 3rd year 1946 hour 10:45 minute 4 M.

21. I hereby certify that I attended the deceased from Jan 1 1946 to May 3 1946

that I last saw him alive on May 2 1946 and that death occurred on the date and hour stated above.

Immediate cause of death Arteriosclerosis

Duration 203 years

8. AGE: Years 71 Months 10 Days 9 If less than one day _____ hr. _____ min.

9. Birthplace Grundy Count MO 0
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business HOME

MOTHER: 12. Name Squire Harris

13. Birthplace Lynchburg Kentucky
(City, town, or county) (State or foreign country)

14. Maiden name Anna Turner

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

16. (a) Informant Frank Chumbley

(b) Address Trenton Mo.

17. (a) burial (b) Date thereof May 5 1946
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Maple Grove

18. (a) Signature of funeral director James A. Davis

(b) Address Trenton Mo.

19. (a) 5-3-46 (b) James Davis
(Date received local registrar) (Registrar's signature)

Due to _____

Due to _____

Other conditions: _____
(Include pregnancy within 3 months of death)

Major findings: _____

Of operations 97

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? _____

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

23. Signature E. A. Duffy (M. D. or other) _____

Address Trenton Mo Date signed May 4 1946

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

15282

DISTRICT HEALTH OFFICE
Cameron, Mo.

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.....

Raymond A. Quinn

Licensed Embalmer No. *3424*

P. O. Address *Duettown 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.