

No. 2  
-8-43  
5-17-39  
X37823

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS  
THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

19341

Registration District No. 375 Primary Registration District No. 6283 State File No. \_\_\_\_\_ Registrar's No. 14

1. PLACE OF DEATH:  
(a) County Wright  
(b) City or town Competition Elk Cr. Twp.  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: 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 \_\_\_\_\_ years, months or days

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

4. Sex md 5. Color or race W 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 April 22 1946  
(Month) (Day) (Year)

8. AGE: Years \_\_\_\_\_ Months \_\_\_\_\_ Days \_\_\_\_\_ If less than one day 18 hr. \_\_\_\_\_ min.

9. Birthplace Wright Co. mo. 0  
(City, town, or county) (State or foreign country)

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

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

12. Name Wilbur Chambers  
13. Birthplace Wright Co. mo. 0  
(City, town, or county) (State or foreign country)  
14. Maiden name Army Brown  
15. Birthplace Laclede Co. mo. 1  
(City, town, or county) (State or foreign country)

16. (a) Informant Wilbur Chambers  
(b) Address Competition mo.

17. (a) Burial (b) Date thereof 4-24-46  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation M<sup>rs</sup> Bride

18. (a) Signature of funeral director no funeral director

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

19. (a) Apr. 28, 1946 (b) E. Garner  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:  
(a) State Missouri (b) County Wright 114  
(c) City or town Rural Competition  
(If outside city or town limits, write "RURAL")  
(d) Street No. Elk Creek Township  
(If rural, give location)  
(e) Citizen of foreign country? no. (Yes or No)  
If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April, day 23, year 1946 hour 5 minute \_\_\_\_\_ A.M.

21. I hereby certify that I attended the deceased from April 23, 1946, to April 23, 1946, that I last saw him alive on April 23, 1946, and that death occurred on the date and hour stated above.

Immediate cause of death congestive heart failure of chronic to acute Duration \_\_\_\_\_

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

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

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

Other conditions \_\_\_\_\_ (Include pregnancy within 3 months of death)

Major findings: Of operations J. H. Hough

Of autopsy 1578

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 0

23. Signature \_\_\_\_\_ (M. D. or other) \_\_\_\_\_

Address \_\_\_\_\_ Date signed \_\_\_\_\_

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

18217

346

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED

District Health Officer No. 6;

District File Number 546-539

Date Filed MAY 14 1946

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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.....

no Embalming....., Registered Apprentice No.....  
working under my personal supervision.

Signed Dorsey M. Howe

Licensed Embalmer No. 4222

P. O. Address Lebanon 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.**