S. No. 2
M—2-43
v. 5-17-39
I X35697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED AUG 8 1946

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 22880

Registration District No. 49

Primary Registration District No. 3008

Registrar's No. 242

1. PLACE OF DEATH:
(a) County Callaway
(b) City or town Fulton
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Callaway County Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1 day
(Specify whether
In this community
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Callaway
(c) City or town Fulton
(If outside city or town limits, write "RURAL")
(d) Street No. 326 N.W. 8th
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Albert Chambers

3. (b) If veteran, name war

3. (c) Social Security No. 490-07-1109

4. Male 2

5. Color or race Negro

6. (a) Single, widowed, married, divorced 2 Widowed

6. (b) Name of husband or wife Etta

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

7. Birth date of deceased Aug (Month) 31 (Day) 1876 (Year)

8. AGE: Years 69 Months 10 Days 8 If less than one day hr. min.

9. Birthplace Callaway Co. (City, town, or county) Missouri (State or foreign country)

10. Usual occupation Laborer

11. Industry or business

FATHER
12. Name Albert Chambers Sr.
13. Birthplace Missouri (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Annie Leavell
15. Birthplace Dk. (City, town, or county) (State or foreign country)

16. (a) Informant Esau Chambers
(b) Address 402 W. 9th St. Fulton Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof July 13-46. (Month) (Day) (Year)
(c) Place: burial or cremation South Side Cem. Fulton, Mo.

18. (a) Signature of funeral director Eli Bell
(b) Address Fulton, Mo.

19. (a) July 13-1946 (Date received local registrar) (b) Josie Morsinkhoff (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 9-
year 1946 hour 11 minute 15 P.M.

21. I hereby certify that I attended the deceased from 7-4 1946 to 7-9 1946
that I last saw him alive on 7-9 1946
and that death occurred on the date and hour stated above.

Immediate cause of death Gastric Ulcer perforating — Duration 2 day

Due to Gen. Arteriosclerosis

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy 97

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 George F. Wood (M. D. or other) No
Address Fulton Mo. Date signed 7/12/46

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 9,
District File Number 8-46-65
Date Filed 8-7-46

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 Eli Bell

Licensed Embalmer No. 2130

P. O. Address Fulton, 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.