

S. No. 2
1-12-45
5-17-39
X47070

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **37788**

FILED DEC 4 1946

Registration District No. 231

Primary Registration District No. 4346

Registrar's No. 21

1. PLACE OF DEATH:

(a) County Montgomery
(b) City or town Montgomery
(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 26 yrs (Specify whether
In this community 26 yrs
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Montgomery
(c) City or town Montgomery
(If outside city or town limits, write "RURAL")
(d) Street No. 0
(If rural, give location)
(e) Citizen of foreign country? 0 (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME Maggie Chambers

3. (b) If veteran, name war 0 3. (c) Social Security No. 0

4. Sex F 5. Color or race C 6. (a) Single, widowed, married, divorced W

6. (b) Name of husband or wife 0 6. (c) Age of husband or wife if alive 0 years

7. Birth date of deceased Nov 21 st 1885
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
60 II 24 0 hr. 0 min.

9. Birthplace Montgomery County Mo
(City, town, or county) (State or foreign country)

10. Usual occupation Home

11. Industry or business 0

12. Name Charles Windsor

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

14. Maiden name Margie Cundiff

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

16. (a) Informant Voyd Harris

(b) Address Montgomery City Mo

17. (a) Burial (b) Date thereof II-22-46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Montgomery City Cem

18. (a) Signature of funeral director C. W. Hopkins

(b) Address Montgomery City Mo

19. (a) 11-25-46 (b) Union Springs
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov day 19
year 1946 hour 10 minute 30 a. M.

21. I hereby certify that I attended the deceased from Aug. 9, 1946, to Nov. 16, 1946,
that I last saw her alive on Nov. 16, 1946,
and that death occurred on the date and hour stated above.

Immediate cause of death Cardiac decompensation Duration 2 wk

Due to Chronic myocarditis with edema 15 yr 6 mo.

Due to 0

Other conditions 0
(Include pregnancy within 3 months of death)

Major findings:
Of operations 930
Of autopsy 0

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) 0

(b) Date of occurrence 0

(c) Where did injury occur? 0
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? 0

While at work? 0 (Specify type of place) (e) Means of injury 0

23. Signature W. W. ... (City or town) D. O.

Address Montgomery City, Mo. Date signed 11-22-46

209

(Licensed Embalmer's Statement on Reverse Side)

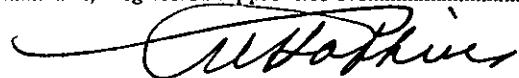
WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD
36603

RECEIVED
District Health Officer No. 9,
District File Number
Date Filed 12-2-46

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 _____ on the 19th day of Nov 1946 _____, Registered Apprentice No. _____ working under my personal supervision.

Signed



C. W. Hopkins

Licensed Embalmer No. 1487

P. O. Address. Montgomery City 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.