

S. No. 2
-12-45
5-17-39
P I X47070

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED DEC 17 1946

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

39643

State File No. _____

Registration District No. 42

Primary Registration District No. 1000

Registrar's No. 1378

1. PLACE OF DEATH:
 (a) County Buchanan
 (b) City or town St. Joseph
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
2602 So. 28th St.
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 10 months (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
 (a) State Missouri (b) County Buchanan **11**
 (c) City or town St. Joseph
(If outside city or town limits, write "RURAL")
 (d) Street No. 2602 So. 28th
(If rural, give location)
 (e) Citizen of foreign country? No (Yes or No)
 If yes, name country D

3. (a) PRINT FULL NAME Minnie I. Chambers
 3. (b) If veteran, name war No
 3. (c) Social Security No. None

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month Dec. day 10
 year 1946 hour 4 minute 20 P. M.
 21. I hereby certify that I attended the deceased from Sept 8, 1946, to Dec 10, 1946
 that I last saw her alive on Dec 9, 1946
 and that death occurred on the date and hour stated above.

4. Sex Female 5. Color or race White
 6. (a) Single, widowed, married, divorced Married
 6. (b) Name of husband or wife William Chambers
 6. (c) Age of husband or wife if alive 63 years
 7. Birth date of deceased October 1 1833
(Month) (Day) (Year)

Immediate cause of death Sarcoma - small intestine
 Duration ?
 Due to _____
 Due to Generalized sarcoma 2 mo.
Abdominal exciter
 Other conditions Emaciation
(Include pregnancy within 3 months of death)

8. AGE:	Years	Months	Days	If less than one day
	<u>63</u>	<u>2</u>	<u>9</u>	hr. _____ min. _____

9. Birthplace: Buchanan County Missouri
(City, town, or county) (State or foreign country)

Major findings: 9-24-46 Large tumor
Of operations
in wall of ileum & mesentery. Unable to remove.
Of autopsy
no autopsy 46E
 Underline the cause to which death should be charged statistically.

10. Usual occupation at home
 11. Industry or business at home
 12. Name Amos DeWeese
 13. Birthplace Unknown Indiana
(City, town, or county) (State or foreign country)
 14. Maiden name Raechel Ross
 15. Birthplace Unknown
(City, town, or county) (State or foreign country)

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? (D) (City or town) (County) (State)
 (d) Did injury occur in or about home, on farm, in industrial place, in public place?

16. (a) Informant Mrs. Wm. Chambers
 (b) Address St. Joseph, Mo.
 17. (a) Burial (b) Date thereof 12/12/46
(Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation Mt. Auburn Cemetery
 18. (a) Signature of funeral director Heaton BeJels + BeJelmani
 (b) Address St. Joseph, Mo.
 19. (a) 12-13-46 (b) E. S. Jenkins
(Date received local registrar) (Registrar's signature)

While at work? _____ (Specify type of place)
 (e) Means of injury _____
 23. Signature E. S. Jenkins (M. D. or other) MD
 Address St. Joseph, Mo. Date signed 12-11-46

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

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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.....

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

Signed Eugene Wood.....

Licensed Embalmer No. 3804.....

P. O. Address 319 So 12th St Joseph, 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.