

S. No. 2
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5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **1010**
Registrar's No. **324**

FILED FEB 5 1947

Registration District No. **147** Primary Registration District No. **1002**

1. PLACE OF DEATH:
(a) County **Jackson**
(b) City or town **Kansas City**
(c) Name of hospital or institution: **K. C. General Hospital**
(d) Length of stay: **17 days**
In this community **6 years**

2. USUAL RESIDENCE OF DECEASED:
(a) State **Missouri** (b) County **Jackson**
(c) City or town **Kansas City**
(d) Street No. **3942 Central**
(e) Citizen of foreign country? **No**

3. (a) PRINT MRS. IRENE N. CHAMBERLAIN
FULL NAME.
3. (b) If veteran, name war **XX**
3. (c) Social Security No. **None**

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month **1** day **22**
year **47** hour **12** minute **40** P. M.
21. I hereby certify that I attended the deceased from **5** to **19** **46** **Jan.** **22** **19** **47**
that I last saw him alive on **Jan.** **22** **19** **47**
and that death occurred on the date and hour stated above.

4. Sex **Fe** 5. Color or race **Wh**
6. (a) Single, widowed, married, divorced **Widowed**
6. (b) Name of husband or wife **John Chamberlain**
6. (c) Age of husband or wife if alive **XX** years
7. Birth date of deceased **April 6 1866**

Immediate cause of death **Coronary Arteriosclerosis**

8. AGE: Years **80** Months **9** Days **16**
If less than one day hr. min.

Due to **Diffuse myocardial fibrosis**

9. Birthplace **Lawson Mo.**

Other conditions **93**
Major findings: Of operations **93**
Of autopsy **93**

10. Usual occupation **At Home**

11. Industry or business

12. Name **Peter Clark**

13. Birthplace **No Record**

14. Maiden name **Lucinda Brooks**

15. Birthplace **No Record**

16. (a) Informant **Mrs. Mae Hyder**

(b) Address **3942 Central**

17. (a) **Burial** (b) Date thereof **1-25-47**

(c) Place: burial or cremation **Green Lawn**

18. (a) Signature of funeral director **J. W. Wagner**

(b) Address **Kansas City, Mo.**

19. (a) **1-23-47** (b) **Geraldine Holmes**

(Date received local registrar) (Registrar's signature)

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

Signature **Wm. W. Hart** (M. D. or other) **MD**

Address **Gen. Hoop #1** Date signed

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

MOTHER FATHER

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 *Alvin R. Haenschild*

Licensed Embalmer No. *415-9*

P. O. Address *Kansas 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.