

1. PLACE OF DEATH:

(a) County Moniteau

(b) City or town California, Mo.
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
Highway 50 West /
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____ (Specify whether _____)
In this community one year
years, months or days

3. (a) PRINT FULL NAME MARY ROBERTS CHAMBERS

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

4. Sex female 5. Color or race white 6. (a) Single, widowed, married, divorced widow

6. (b) Name of husband or wife H. D. Chamber 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased Oct 22 1871
(Month) (Day) (Year)

8. AGE: Years 75 Months 1 Days 21 If less than one day _____ hr. _____ min.

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

10. Usual occupation housewife

11. Industry or business _____

MOTHER FATHER { 12. Name William Roberts

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

14. Maiden name Susan Medlock

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

16. (a) Informant Brooks Latterman

(b) Address California Missouri

17. (a) burial (b) Date thereof 2 15 1947
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Crescent Hill cemetery, Adams, Mo.

18. (a) Signature of funeral director A. E. Wilson

(b) Address California, Mo.

19. (a) 2-14-47 (b) H. R. Popoway
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Moniteau-68

(c) City or town Highway 50 West /
(If outside city or town limits, write "RURAL")

(d) Street No. _____ (If rural, give location) 0

(e) Citizen of foreign country? No (Yes or No)

If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 13
year 1947 hour 3 minute 30 M.

21. I hereby certify that I attended the deceased from Feb 6
1947, to Feb 13 1947
that I last saw her alive on Feb 13 1947
and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of Breast
Due to Carcinoma of Breast

Due to _____

Other conditions (include pregnancy within 3 months of death) _____

Major findings: Of operations 50

Of autopsy _____

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 2

23. Signature H. R. Popoway (M.D. or other) SO

Address California, Mo. Date signed 2/13/47

Duration _____

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

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

Mar 25 1947

RECEIVED
District Health Officer No. 9,
District File Number
Date Filed 2-18-47

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..... *A. E. Wilson*.....

Licensed Embalmer No. *2361*.....

P. O. Address..... *California 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.