S. No. 2
1—1/47
. 5-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED NOV 14 1947

Registration District No. 318

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1003

State File No. 35587

Registrar's No. 10105

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

2. USUAL RESIDENCE OF DECEASED:
(a) State Arkansas (b) County Pulaski
(c) City or town Little Rock (If outside city or town limits, write "RURAL")
(d) Street No. 915 Cumberland (If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Lura Chamberlain
3. (b) If veteran, name war None
3. (c) Social Security No. Unknown
4. Sex Female
5. Color or race White
6. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Birth date of deceased May (Month) 4, (Day) 1915 (Year)
8. AGE: Years 32 Months 5 Days 26 If less than one day hr. min.
9. Birthplace Sumner (City, town, or county) Illinois (State or foreign country)
10. Usual occupation Beauty Operator
11. Industry or business
FATHER 12. Name Leroy Chamberlain
13. Birthplace Bowling Green (City, town, or county) Ohio (State or foreign country)
MOTHER 14. Maiden name Mildred McCausland
15. Birthplace Flat Rock (City, town, or county) Illinois (State or foreign country)
16. (a) Informant Bernadine Henderson
(b) Address Wynne, Arkansas
17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 11-1-47 (Month) (Day) (Year)
(c) Place: burial or cremation Wynne, Arkansas
18. (a) Signature of funeral director Albert H. Hoppe
(b) Address 4700 Washington Blvd.
19. (a) NOV 1 1947 (Date received local registrar) (b) J. F. Breeden (Registrar's signature)

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Oct. day 30 year 1947 hour 3:10 minute P. M.
21. I hereby certify that I attended the deceased from ..., 19..., to ..., 19...; that I last saw h... alive on ..., 19...; and that death occurred on the date and hour stated above.

Immediate cause of death: Septicemia — Duration 2
Ectopic Pregnancy 3 abortion
Due to: Pain Blue Lance and Manipulation of same could not be determined
Due to:
Other conditions (Include pregnancy within 3 months of death): 14"
Major findings: Of operations
Of autopsy

PHYSICIAN — Underline the cause of which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) Verdict
(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 Robert E. Taylor (M. D. or other) Inc
Address Date signed 10/31/47

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

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 Henry W. Bramner

Licensed Embalmer No. 4200

P. O. Address St. Louis

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.