S. No. 2
M—1/47
v. 5-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED JAN 24 1948

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 44274

Registration District No. 133 Primary Registration District No. 4206 Registrar's No. 3

41
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0

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

1. PLACE OF DEATH:
(a) County Harrison
(b) City or town New Hampton
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: South Part of New Hampton
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution ..... (Specify whether
In this community 30 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Harrison 41
(c) City or town New Hampton 0
(If outside city or town limits, write "RURAL")
(d) Street No. South Part of New Hampton 0
(If rural, give location)
(e) Citizen of foreign country? ..... (Yes or No)
If yes, name country .....

3. (a) PRINT FULL NAME Gertrude Mae Chambers
3. (b) If veteran, name war .....
3. (c) Social Security No. .....

4. Sex F 1
5. Color or race W
6. (a) Single, widowed, married, divorced M 1
6. (b) Name of husband or wife Clifton Chambers
6. (c) Age of husband or wife if alive 61 years
7. Birth date of deceased Jan (Month) 14 (Day) 1893 (Year)

8. AGE:	Years	Months	Days	If less than one day
	54	11	2	..... hr. ..... min.

9. Birthplace Harrison County (City, town, or county) MO (State or foreign country) 0
10. Usual occupation House Wife
11. Industry or business .....
FATHER
12. Name Frank O Peasley
13. Birthplace ..... (City, town, or county) Iowa (State or foreign country) 1
MOTHER
14. Maiden name Ada Hunt
15. Birthplace Harrison County (City, town, or county) MO (State or foreign country) 0
16. (a) Informant Mrs F O Peasley
(b) Address New Hampton
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Dec 19 1947 (Month) (Day) (Year)
(c) Place: burial or cremation Yankey Ridge Country
18. (a) Signature of funeral director W G Noble
(b) Address New Hampton
19. (a) Jan. 3 1948 (Date received local registrar) (b) Zola Burris (Registrar's signature) 116

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 16
year 1947 hour 8 minute 15 P.M.
21. I hereby certify that I attended the deceased from March 17 - 47, 19..., to Dec. 12 —, 1947
that I last saw her alive on Dec. 12 —, 1947
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Ca. Breast	9 mos.
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death) 50	

Major findings: Of operations Carcinomatosis.
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) .....
(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 0
23. Signature Frank H. Rose (M. D. or other) M.D.
Address Albany, MO Date signed 1-1-48

Jefferson City Printing Co. (Licensed Embalmer's Statement on Reverse Side)

DISTRICT HEALTH OFFICE
Cameron, Mo.

APR 30 1956

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 W G Noble

Licensed Embalmer No 2904

P. O. Address New Hampton

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.