

Registration District No. 32

Primary Registration District No. 5714

Registrar's No. 22

1. PLACE OF DEATH:

(a) County Bellinger
(b) City or town rural Wayne Twp
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: none
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution none
(Specify whether)
In this community none
years, months or days

3. (a) PRINT FULL NAME ALLIE CHAMBER
3. (b) If veteran, name war none
3. (c) Social Security No. none

4. Sex Female 5. Color or race white 6. (a) Single, widowed, married, divorced widowed
6. (b) Name of husband or wife not known 6. (c) Age of husband or wife if alive not known years
7. Birth date of deceased not known
(Month) (Day) (Year)

8. AGE: Years 83 Months Days If less than one day
hr. min.

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

10. Usual occupation housekeeper

11. Industry or business

12. Name Bill Rushin
13. Birthplace Kentucky
(City, town, or county) (State or foreign country)
14. Maiden name not known
15. Birthplace not known
(City, town, or county) (State or foreign country)

16. (a) Informant Olts Perry
(b) Address Salma, Mo.
17. (a) Burial (b) Date thereof Oct. 12, 1947
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Serrano Cem. near Salma, Mo.

18. (a) Signature of funeral director Edward J. Morgan
(b) Address Advance, Mo.
19. (a) March 29, 1948 (b) Willie N. VanLambert
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Bellinger
(c) City or town rural
(If outside city or town limits, write "RURAL" and name of township)
(d) Street No. Wayne Twp.
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country no

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day 11
" year 1947 hour 8 minute 25 A.M.
21. I hereby certify that I attended the deceased from July 1947 to Oct. 11 1947
that I last saw him alive on Oct. 8 1947
and that death occurred on the date and hour stated above.

Immediate cause of death Senility
Due to
Due to
Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations 162B
Of autopsy
PHYSICIAN
Underline the cause to 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?
While at work? (Specify type of place) (e) Means of injury 2
Signature C.C. Masters (M. D. or other) do.
Address Advance, Mo. Date signed 12-9-47

RECEIVED

District Health Officer No. 4
District File Number 448-447
Date Filed 4-6-48

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.....

Floyd S. Morgan, Jr., Registered Apprentice No. 430
working under my personal supervision.

Signed

Floyd S. Morgan
Licensed Embalmer No. 3361

P. O. Address Adair, 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.