. No. 2
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5-17-39
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED FEB 5 1948

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 4

Registration District No. 1 Primary Registration District No. 3000 Registrar's No. 35

1. PLACE OF DEATH:

(a) County Adair
(b) City or town Kirksville (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Laughlin Hospital 0 (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 11 days (Specify whether
In this community -- years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County MACON 61
(c) City or town Callao (If outside city or town limits, write "RURAL") 0
(d) Street No. -- (If rural, give location) 0
(e) Citizen of foreign country? -- (Yes or No) 1
If yes, name country --

3. (a) PRINT FULL NAME Myrtle Geraldine Chambers
3. (b) If veteran, name war -- 3. (c) Social Security No. --
4. Sex Female 1 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed 1
6. (b) Name of husband or wife — 6. (c) Age of husband or wife if alive years
7. Birth date of deceased March 26th 1907 (Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	40	9	16	hr. min.

9. Birthplace Callao (City, town, or county) Missouri 0 (State or foreign country)
10. Usual occupation Domestic
11. Industry or business
FATHER
12. Name James Day 0
13. Birthplace Ethel (City, town, or county) Missouri (State or foreign country)
MOTHER
14. Maiden name Martha Vestal
15. Birthplace Macon County (City, town, or county) Missouri 0 (State or foreign country)
16. (a) Informant Mrs. Flave Walls
(b) Address Macon Missouri
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 1-14-48 (Month) (Day) (Year)
(c) Place: burial or cremation Old Chariton Callao
18. (a) Signature of funeral director [signature]
(b) Address Bevier, Missouri
19. (a) 1-30-48 (Date received local registrar) (b) Kate Lambert (Registrar's signature) 1

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 1 day 12 year 48 hour 4 minute 10 A.M.
21. I hereby certify that I attended the deceased from 12/26, 1947, to 1/12, 1948 that I last saw her alive on 1/11, 1948 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Cirrhosis of Liver	Mos.
Due to	
Due to	
Other conditions Secondary Anemia (Include pregnancy within 3 months of death) Rheumatic Ht. Disease	
Major findings: Of operations	
Of autopsy	

PHYSICIAN
Underline the cause to which death should be charged statistically.

124B

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 2
23. Signature [signature] (M. D. or other) DO
Address Kirksville, Mo Date signed 1/14/48

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 10
2:48-214
FEB -3 1948

STATEMENT BY LICENSED EMBALMER

Date

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 G. Edwards

Licensed Embalmer No. 1961

P. O. Address Bevier 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.