

FILED MAR 2 1948
Registration District No. **134**

Primary Registration District No. **4209**

1. PLACE OF DEATH:

(a) County **Harrison**
(b) City or town **Mt. Moriah**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: **1**
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution. (Specify whether
All Life (Specify whether
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Harrison** **41**
(c) City or town **Mt. Moriah** **0**
(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) **0**
If yes, name country

3. (a) PRINT FULL NAME **John Melton Chambers**

3. (b) If veteran, name war **None** 3. (c) Social Security No. **NONE**

4. Sex **male** 5. Color or race **white** 6. (a) Single, widowed, married, divorced **married**
6. (b) Name of husband or wife **Rosa A. Chambers** 6. (c) Age of husband or wife if alive **77** years
7. Birth date of deceased **May 29 1977**
(Month) (Day) (Year)

8. AGE: Years **70** Months **8** Days **15** If less than one day
.....hr.min.

9. Birthplace **Harrison Missouri**
(City, town, or county) (State or foreign country)

10. Usual occupation **Merchant & Mortician**

11. Industry or business

MOTHER FATHER
12. Name **James T. Chambers**
13. Birthplace **Indiana** (City, town, or county) (State or foreign country)
14. Maiden name **Amanda Reynolds**
15. Birthplace **Indiana** (City, town, or county) (State or foreign country)

16. (a) Informant **Mrs. M. W. Allen**
(b) Address **Mt. Moriah Missouri**
(c) Place: burial or cremation **Burial Mt. Moriah Cemetery**
(d) Date thereof **2/16/48**
(Month) (Day) (Year)

17. (a) Signature of funeral director **E. J. Stoklasa**
(b) Address **Cainville, Missouri**

19. (a) **Feb. 28 - 1948** (b) **S. Pla Shaw**
(Date received local registrar) (Registrar's signature) **119**

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Feb.** day **13th**
year **1948** hour **9** minute **P.** M.

21. I hereby certify that I attended the deceased from **June 1945** to **Feb 13th 1948**
and that death occurred on the date and hour stated above.

Immediate cause of death **Cerebral Hemorrhage** **1 wk.**
Due to **arterio Sclerosis** **1945**
Hypertension

Other conditions (Include pregnancy within 3 months of death)

Major findings:

Of operations **(837)**
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 **(1)**

23. Signature **G. J. Sellers** (M. D. or other) **(1)**
Address **Mt. Moriah Mo** Date signed **2/14/48**

AUG 5 1948

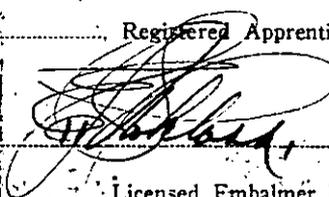
VS
AUG 23 1962

OCT 6 1952

DISTRICT HEALTH OFFICE
Cameron, Mo.

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, E. J. Stoklasa
Eddie J. Stoklasa Registered Apprentice No. _____
working under my personal supervision.

Signed: 

Licensed Embalmer No. 3602

P. O. Address Cainsville, Missouri.

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.