

FILED APR 14 1948

Registration District No. 53

Primary Registration District No. 3010

Registrar's No. 106

1. PLACE OF DEATH:

(a) County CAPE GIRARDEAU
(b) City or town CAPE GIRARDEAU
(c) Name of hospital or institution: HOME

(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____ (Specify whether

In this community _____ years, months or days) 24 YEARS

3. (a) PRINT FULL NAME STEPHAN B. CHAMBERLAIN

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex MALE 5. Color or race WHITE 6. (a) Single, widowed, married, divorced MARRIED

6. (b) Name of husband or wife FANNIE 6. (c) Age of husband or wife if

7. Birth date of deceased: JUNE - 5 - 1875
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
72 9 29 hr. min.

9. Birthplace: NEW MADRID MO
(City, town, or county) (State or foreign country)

10. Usual occupation: SALES MAN

11. Industry or business _____

MOTHER FATHER { 12. Name DANIEL CHAMBERLAIN

13. Birthplace DONT KNOW G

14. Maiden name THERESA ST. MARY

15. Birthplace ST. MARYS. MO
(City, town, or county) (State or foreign country)

16. (a) Informant MISS ELIZA CHAMBERLAIN

(b) Address CAPE GIRARDEAU, MO

17. (a) BURIAL (b) Date thereof 4/5/1948
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation LORIMIER GEMETERY

18. (a) Signature of funeral director Walters Funeral Home

(b) Address Cape Girardeau Mo

19. (a) 4-7-48 (b) C. C. Summers
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County CAPE GIR.
(c) City or town CAPE GIRARDEAU
(If outside city or town limits, write "RURAL")

(d) Street No. 337. NO. PARK AVE
(If rural, give location)

(e) Citizen of foreign country? No. (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Apr. day 4
year 1948 hour 7 minute 05 A.M.

21. I hereby certify that I attended the deceased from 1
..... 1948 to April 4 1948
that I last saw him alive on April 4 1948
and that death occurred on the date and hour stated above.

Immediate cause of death _____ Duration _____

Pulmonary Embolism 1 Day

Due to auricular 3 weeks
arrhythmia

Due to Cardiac Decompensation 3 weeks

Other conditions _____
(Include pregnancy within 3 months of death)

Major findings: _____

Of operations _____

Of autopsy _____

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 _____

23. Signature Edward D. Campbell (M. D. or other) MD

Address Cape Girardeau Date signed 4-5-48

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

APR 21 1948

RECEIVED

District Health Officer No. 4
District File Number 448-477
Date 4-12-48

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.....

Richard O. Laund....., Registered Apprentice No. 502,
working under my personal supervision.

Signed Virgil K. Welch.....

Licensed Embalmer No. 4102.....

P. O. Address Cape Girardeau - 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.