S. No. 2
M—1/47
v. 5-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED JUN 21 1948

Registration District No. 721

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 3025

State File No. 19327

Registrar's No. 8

1. PLACE OF DEATH:
(a) County: Howell
(b) City or town: West Plains, (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: West Plains Hospital (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution: died upon entering (Specify whether years, months or days)
In this community: none

2. USUAL RESIDENCE OF DECEASED:
(a) State: Arkansas (b) County: Lawrence
(c) City or town: "Rural" Walnut Ridge (If outside city or town limits, write "RURAL")
(d) Street No.: Route 3 (If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country:

3. (a) PRINT FULL NAME: CLAUDE ELMER CHAMBERS
3. (b) If veteran, name war: no
3. (c) Social Security No.: none
4. Sex: male
5. Color or race: white
6. (a) Single, widowed, married, divorced: divorced
6. (b) Name of husband or wife: Mattie Taylor
6. (c) Age of husband or wife if alive: ? years
7. Birth date of deceased: July (Month) 24 (Day) 1878 (Year)

8. AGE: Years 69 Months 10 Days 13 If less than one day ... hr. ... min.

9. Birthplace: Herrodsburg, (City, town, or county) Indiana (State or foreign country)
10. Usual occupation: none
11. Industry or business: Retired sawmill operator

MOTHER FATHER
12. Name: John Chambers
13. Birthplace: Herrodsburg, (City, town, or county) Indiana (State or foreign country)
14. Maiden name: Lillie B. Strain
15. Birthplace: Monroe County, Ind. (City, town, or county) (State or foreign country)

16. (a) Informant: Marvin Chambers
(b) Address: Peace Valley, Mo.
17. (a) Oak Lawn Cem. (Burial, cremation, removal) (b) Date thereof: Jun 10, 1948 (Month) (Day) (Year)
(c) Place: burial or cremation: West Plains, Mo.
18. (a) Signature of funeral director: Hal Thornburgh
(b) Address: West Plains, Mo.
19. (a) June 11-1948 (Date received local registrar) (b) Beatrice Cook (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 7 year 1948 hour 7 minute 45 P.M.

21. I hereby certify that I attended the deceased from 6/7, 1948 to 6/7, 1948 that I last saw it alive on ..., 19..; and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Cerebral apoplexy	30 hrs
Due to:	
Due to: Malignant hypertension	
Other conditions (Include pregnancy within 3 months of death):	
Major findings: Of operations:	
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:

23. Signature: Maurice Thornburgh (M. D. or other) MD
Address: West Plains (Mo.) Date signed: 6/9/48

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

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

JUN 22 1949

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 Harold E. Hoadley, Registered Apprentice No. 26, working under my personal supervision.

Signed Hal Thoroughman

Licensed Embalmer No. 3408

P. O. Address West Plains, 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.