

1. PLACE OF DEATH:
(a) County PIKE
(b) City or town LOUISIANA
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: MINERAL SPRINGS Sanitarium
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 3 Days
(Specify whether years, months or days)

3. (a) PRINT FULL NAME ELIZABETH FRANCES CHAMBERS
3. (b) If veteran, name war. _____ 3. (c) Social Security No. _____

4. Sex FEMALE 5. Color or race W 6. (a) Single, widowed, divorced, married
6. (b) Name of husband or wife CHARLES C. CHAMBERS 6. (c) Age of husband or wife if alive 44 years
7. Birth date of deceased MARCH 8 1907
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
41 3 5 hr. min.

9. Birthplace Tazwell County ILL.
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business _____

12. Name Wm E. Douse

13. Birthplace Pennsylvania
(City, town, or county) (State or foreign country)

14. Maiden name Elizabeth Winkler

15. Birthplace Tazwell County, Ill.
(City, town, or county) (State or foreign country)

16. (a) Informant Charles C. Chambers

(b) Address Elsherry, Mo.

17. (a) Burial (b) Date thereof 6-15-48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Elsherry City Cemetery

18. (a) Signature of funeral director H. J. Collier
(b) Address Elsherry, Mo.

19. (a) 6-28-48 (b) Bertrice Collier
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Lincoln 57
(c) City or town Elsherry
(If outside city or town limits, write "RURAL")
(d) Street No. South Fifth St.
(If rural, give location)
(e) Citizen of foreign country? No. (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 13
year 1948 hour 4 minute 05 P.M.

21. I hereby certify that I attended the deceased from June 10
1948 to June 13 1948
that I last saw her alive on June 13 1948
and that death occurred on the date and hour stated above.

Immediate cause of death Post operative shock Duration 48 hrs.

Due to Hysterectomy

Due to _____

Other conditions (Include pregnancy within 3 months of death) 139B

Major findings: Edematous ovaries
Of operations scarred uterus
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) (b) Means of injury. 2

23. Signature G. P. Biggs (M.D. or other) Dr.

Address Louisiana Date signed June 14/48

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

RECEIVED

District Health Officer No. 10

District File Number 7-48-117

Date Filed JUL 6 -- 1948

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.....

....., Registered Apprentice No.....
working under my personal supervision.

Signed *Charles Rich*

Licensed Embalmer No. 4012

P. O. Address Elsbury, 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.