

Registration District No. **42** Primary Registration District No. **1000**

1. PLACE OF DEATH:
(a) County **S Buchanan**
(b) City or town **St Joseph, Mo.**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: **Mercy Hospital**
(If not hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **22 days**
In this community **20 yrs 22 days** (Specify whether years, months or days)

3. (a) PRINT FULL NAME **SADIE E. C. HAMBERLAIN**
3. (b) If veteran, name war **710** 3. (c) Social Security No. **None**

4. Sex **female** 5. Color or race **white** 6. (a) Single, widowed, married, divorced **married**
6. (b) Name of husband or wife **Honey E. Chamberlain** 6. (c) Age of husband or wife if alive **72** years
7. Birth date of deceased (Month) **Aug** (Day) **19** (Year) **1878**

8. AGE: Years **73** Months **10** Days **22** If less than one day hr. min.

9. Birthplace: **Waycross, Ill** (City, town, or county) (State or foreign country)

10. Usual occupation: **Housewife**

11. Industry or business: **None**

12. Name: **William Blochly**
13. Birthplace: **Yankston, Illinois** (City, town, or county) (State or foreign country)

14. Maiden name: **Eliza Atterberry**
15. Birthplace: **Yankston, Illinois** (City, town, or county) (State or foreign country)

16. (a) Informant: **Honey Chamberlain**
(b) Address: **Savannah, Mo.**

17. (a) Burial, cremation, or removal: **Burial** (b) Date thereof: **7-13-48** (Month) (Day) (Year)
(c) Place: burial or cremation: **New Point**

18. (a) Signature of funeral director: **Ed Atkinson**
(b) Address: **Marionville, Mo.**

19. (a) 7-16-48 (Date received local registrar) (b) **G. B. Jenkins** (Registrar's signature)

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

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month **July** day **11** year **1948** hour **4 am** minute **209 M.**

21. I hereby certify that I attended the deceased from **July 2** 19**48** to **July 11** 19**48**
that I last saw her alive on **July 10** 19**48**
and that death occurred on the date and hour stated above.

Immediate cause of death: **Cerebral hemorrhage**
Due to:

Due to: **Diabetes mellitus**

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

Major findings: Of operations: **W**
Of autopsy:

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: **2**
23. Signature: **Doc W. [Signature]** (M. D. or other) **DD**
Address: **408 Corby Bldg** Date signed: **July 12/48**
St Joseph Mo

COPY ON PADDING BLACK INK - MAKE A PERMANENT RECORD

MOTHER FATHER

CARLE E. CHAMBERLAIN
MARRIAGE

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 G M Altshuler

Licensed Embalmer No. 2279

P. O. Address Lawrence

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.