

No. 300  
M-10-47  
v. 5-17-39  
I 3908

FEDERAL BUREAU OF INVESTIGATION  
National Office of Vital Statistics  
**FILED AUG 26 1948**

MISSOURI DIVISION OF HEALTH  
**STANDARD CERTIFICATE OF DEATH**

State File No. **26195**  
Registrar's No. **3169**

Registration District No. **149**

Primary Registration District No. **1002**

**1. PLACE OF DEATH:**  
(a) County **Jackson**  
(b) City or town **Kansas City**  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: **St Joseph Hospital**  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution **2 hrs**  
(Specify whether years, months or days)

**2. USUAL RESIDENCE OF DECEASED:**  
(a) State **Missouri** (b) County **Jackson**  
(c) City or town **Kansas City**  
(If outside city or town limits, write "RURAL")  
(d) Street No. **8411 Jarboe**  
(If rural, give location)  
(e) Citizen of foreign country? **no** (Yes or No)  
If yes, name country \_\_\_\_\_

**3: (a) PRINT FULL NAME** **Infant Chambers**

3. (b) If veteran, name war **no** 3. (c) Social Security No. **none**

4. Sex **fe** 5. Color or race **white** 6. (a) Single, widowed, married, divorced **Single**

6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased **August 2 1948**  
(Month) (Day) (Year)

8. AGE: Years \_\_\_\_\_ Months \_\_\_\_\_ Days \_\_\_\_\_ If less than one day **2 hr.** min.

9. Birthplace **Kansas City Mo.**  
(City, town, or county) (State or foreign country)

10. Usual occupation **Child**

11. Industry or business \_\_\_\_\_

**MOTHER FATHER** 12. Name **Harold Ernest Chambers**

13. Birthplace **Kansas City Mo.**  
(City, town, or county) (State or foreign country)

14. Maiden name **Nata Lee Stone**

15. Birthplace **Kansas City Mo.**  
(City, town, or county) (State or foreign country)

16. (a) Informant **H.E. Chambers**

(b) Address **8411 Jarboe**

17. (a) **Burial** (b) Date thereof **8-4-48**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Greenlawn**

18. (a) Signature of funeral director **C.H. Blackman & Son, Inc.**

(b) Address **2825 Independence Blvd**

19. (a) **8-4-48** (b) **Geraldine Holmes**  
(Date received local registrar) (Registrar's signature)

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month **August** day **2**  
year **1948** hour **3** minute **10 A.M.**

21. I hereby certify that I attended the deceased from **August 2**, 1948, to **August 2**, 1948, that I last saw her alive on **August 2**, 1948, and that death occurred on the date and hour stated above.

Immediate cause of death **Asphyxia**

Due to **Prematurity**

Due to \_\_\_\_\_

Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_

Major findings: **159**

Of operations \_\_\_\_\_

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? \_\_\_\_\_

23. Signature **[Signature]** (M. D. or other) \_\_\_\_\_  
Address **1123 Grand Ave** Date signed **8/3/48**

**PHYSICIAN**  
Underline the cause to which death should be charged statistically.

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

---

---

**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.....

Licensed Embalmer No.....

P. O. Address.....

**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.**