

S. No. 300  
M-10-47  
v. 5-17-39  
I 3906

FEDERAL BUREAU OF INVESTIGATION  
National Office of Vital Statistics

UNITED STATES DEPARTMENT OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. **40054**  
Registrar's No. **5058**

FILED DEC 29 1948  
Registration District No. **149**

Primary Registration District No. **1002**

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

1. PLACE OF DEATH:  
(a) County **Jackson**  
(b) City or town **Kansas City**  
(c) Name of hospital or institution: **4946 Wabash**  
(d) Length of stay: **One day**

2. USUAL RESIDENCE OF DECEASED:  
(a) State **Florida** (b) County **999**  
(c) City or town **Fort Pierce**  
(e) Citizen of foreign country? **No**

3: (a) PRINT FULL NAME **Mrs. Hattie E. Chamberlin**  
3. (b) If veteran, name war **No**  
3. (c) Social Security No. **None**

4. Sex **Female** / 5. Color or race **White**  
6. (a) Single, widowed, married, divorced **Widowed**  
6. (b) Name of husband or wife **Fred Chamberlin**  
6. (c) Age of husband or wife if alive **20th. 1871**

7. Birth date of deceased **December 20th. 1871**  
8. AGE: Years **76** Months **11** Days **20**

9. Birthplace **Rossville Kansas**  
10. Usual occupation **Retired**

11. Industry or business **Real Estate**  
12. Name **Noah Graves**  
13. Birthplace **Brazil Indiana**  
14. Maiden name **Laura Barnes**  
15. Birthplace **Baltimore Maryland**

16. (a) Informant **Mrs. A. Wayne Miller**  
(b) Address **4946 Wabash Ave**

17. (a) **Cremation** (b) Date thereof **12-13-48**  
(c) Place: burial or cremation **Elmwood Cemetery**

18. (a) Signature of funeral director **Freeman Mortuary**  
(b) Address **Kansas City, Missouri**

19. (a) **12-13-48** (b) **Geraldine Holmes**  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month **Dec.** day **10th.**  
year **1948** hour \_\_\_\_\_ minute \_\_\_\_\_ M.  
21. I hereby certify that I attended the deceased from **July 3 1948**  
that I last saw her alive on **Aug. 31**  
and that death occurred on the date and hour stated above.

Immediate cause of death **Coronary Arteriosclerosis**  
Due to **Hypertensive, Arteriosclerosis**  
Other conditions **Myocardial Vascular Disease**  
Major findings: **none**  
Of operations \_\_\_\_\_  
Of autopsy **none**

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? \_\_\_\_\_  
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

**Frank B. Leitz** (Specify type of place) \_\_\_\_\_  
Signature **Frank B. Leitz** (M. D. or other) **MD**  
Address **1530 Prof. Bldg. E. C. Mo** Date signed **12-11-48**

NOV 22 1954

NOV 18 1954

*Perpheral*

Perk: Add 8  
1130 to 1  
7 to 4

**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 *Emur C. Wedelin*

Licensed Embalmer No. *3495*

P. O. Address *J. C. 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.**