

No. 2
4-13-40
5-17-39
PI X231

Registration District No. **85**

Primary Registration District No. **1001**

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

1. PLACE OF DEATH

(a) County 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: Dr. Hulsecker Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 3 days
In this community 11 years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Andrew
(c) City or town Coveney City
(If outside city or town limits, write "RURAL")
(d) Street No. _____
(If rural, give location)
(e) If foreign born, how long in U. S. A.? 1 years.

3. (a) PRINT FULL NAME MAUD LOUISE CHAMBERS

3. (b) If veteran, name war no 3. (c) Social Security No. no

4. Sex F 5. Color or race W 6. (a) Single, widowed, married, divorced M
(b) Name of husband or wife James Chambers 6. (c) Age of husband or wife if alive 36 years
7. Birth date of deceased April 4 1907
(Month) (Day) (Year)

8. AGE: Years 34 Months 3 Days 19 If less than one day
_____hr. _____min.

9. Birthplace Falls City, Neb.
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business

MOTHER FATHER { 12. Name Lou Gushert
13. Birthplace No Record No Record
(City, town, or county) (State or foreign country)
14. Maiden name Betty Garrison
15. Birthplace Falls City, Neb.
(City, town, or county) (State or foreign country)

16. (a) Informant James Chambers
(b) Address St. Joseph, Mo.

17. (a) EMERALD (b) Date thereof 7-26-1941
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Clarksdale

18. (a) Signature of funeral director E. B. Breit
(b) Address Savannah, Mo.

19. (a) 7/25/41 (b) A. J. Keitt
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 23
year 1941 hour 9:25 minute A.M.

21. I hereby certify that I attended the deceased from July 21, 1941, to July 23, 1941; that I last saw her alive on 7/23 and that death occurred on the date and hour stated above.

Immediate cause of death Ruptured Subal Pregnancy
Due to Surgical Shock

Due to —
Other conditions — 1420
(Include pregnancy within 3 months of death)

Major findings: Of operations Ruptured Subal Preg.
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 _____
23. Signature Clifford L Steidley (M.D. or other) MD
Address Savannah, Mo. Date signed 7/24/41

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

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.....

E. C. Breit

Licensed Embalmer No.....

2650

P. O. Address.....

Savannah, Ga

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.