

No. 2
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FILED MAY 21 1941

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

15453

State File No. _____

Registration District No. 666

Primary Registration District No. 3032

Registrar's No. 150

1. PLACE OF DEATH

(a) County Pettis
(b) City or town Sedalia, Mo.
(c) Name of hospital or institution: Boathwell Hospital
(d) Length of stay: In hospital or institution _____
In this community _____
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Pettis
(c) City or town Houstonia
(d) Street No. _____
(e) If foreign born, how long in U. S. A? 1 years.

3. (a) PRINT FULL NAME Infant of Glenn Chamberlin

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

4. Sex M 5. Color or race W 6. (a) Single, widowed, married, divorced _____

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if _____

7. Birth date of deceased April 29 1941
(Month) (Day) (Year)

8. AGE: Years _____ Months _____ Days _____ If less than one day 1 hr. 30 min.

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

10. Usual occupation _____

11. Industry or business _____

12. Name Glenn Chamberlin
13. Birthplace Houstonia, Mo
14. Maiden name Ester Schandlman
15. Birthplace Houstonia, Mo

16. (a) Informant Glenn Chamberlin
(b) Address _____

17. (a) burial (b) Date thereof Apr. 30 41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation High Point

18. (a) Signature of funeral director W. G. ...

(b) Address Houstonia, Mo.

19. (a) 4-29-41 (b) Wm Harry Sneed
(Date received local registrar) (Registrar's Signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Apr day 29
year 1941 hour 10 minute 53 A. M.

21. I hereby certify that I attended the deceased from Apr 29, 1941, to Apr 29, 1941;
that I last saw him alive on Apr 29, 1941,
and that death occurred on the date and hour stated above.

Immediate cause of death Stroke
Seven months

Due to 154

Due to 154

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

Major findings: 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? _____

While at work? _____ (Specify type of place) (e) Means of injury _____

23. Signature M. P. ... (M. D. or other) D
Address Sedalia Date signed Apr 29 41

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

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

RECEIVED
District Health Officer No. 8,
District File Number
Date Filed 5-19-41

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.