

Registration District No. 329

Primary Registration District No. 1002

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

1. PLACE OF DEATH:

(a) County Jackson
(b) City or town Ko Mo
(c) Name of hospital or institution: 702 West 77th St
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 2 weeks (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Henry
(c) City or town Calhoun
(If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) Citizen of foreign country? 1 (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Thomas S. Chambers

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

4. Sex Male 5. Color or race white
6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Daisy Chambers 6. (c) Age of husband or wife if alive 68 years
7. Birth date of deceased July 4, 1866
(Month) (Day) (Year)

8. AGE: Years 75 Months 0 Days 34 If less than one day hr. _____ min. _____

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

10. Usual occupation Retired Farmer

11. Industry or business _____

12. Name Burgess Chambers
13. Birthplace Europe (City, town, or county) (State or foreign country)
14. Maiden name Elizabeth
15. Birthplace Calhoun Mo (City, town, or county) (State or foreign country)

16. (a) Informant Franklin Chambers
(b) Address 6829 S. Benton St. C.M.O.
17. (a) Burial (b) Date thereof 7-32-41
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Calhoun, Mo.

18. (a) Signature of funeral director J. D. Housey
(b) Address Calhoun Mo
19. (a) 7-28-41 (b) M. M. Crowe
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 28th year 1941 hour 12 minute 30 A.M.

21. I hereby certify that I attended the deceased from July 27th 1941 to July 28th 1941
that I last saw him alive on July 28th and that death occurred on the date and hour stated above.

Immediate cause of death Generalized Carcinomatosis
Due to Primary Carcinoma of stomach

Other conditions (include pregnancy within 3 months of death) 465

Major findings Generalized Metastasis with Generalized Anasarca
Of operations _____
Of autopsy _____

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

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 Borden D. O'Leary (M. D. or brother)
Address 3548 Indiana Ave. Date signed 7/28/41

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 *my self*
....., Registered Apprentice No.....
working under my personal supervision.

Signed

J A Housey

Licensed Embalmer No. *33-02*

P. O. Address *Calhoun 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.