

FILED APR 9 1942

Registration District No. 221

Primary Registration District No. 5301

Registrar's No. 18

1. PLACE OF DEATH:

(a) County Cooper
(b) City or town Rural - Palestine Twp
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: None
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution. 1
(Specify whether) 69 years
In this community 69 years
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Cooper
(c) City or town Rural - Palestine Twp
(If outside city or town limits, write "RURAL")
(d) Street No. Near Bell Cir Mo
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country no

3. (a) PRINT FULL NAME WILLIAM-McPHERSON-CHAMBERLIN.

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 Widowed

6. (b) Name of husband or wife Anna Chamberlin
6. (c) Age of husband or wife if alive 1 years
7. Birth date of deceased April 26 - 1851.
(Month) (Day) (Year)

8. AGE: Years 90 Months 10 Days 6
If less than one day - hr. - min.

9. Birthplace unknown Virginia
(City, town, or county) (State or foreign country)

10. Usual occupation farmer

MOTHER FATHER 11. Industry or business farmer

12. Name George Chamberlin
13. Birthplace unknown Virginia
(City, town, or county) (State or foreign country)
14. Maiden name Matha Pruddell
15. Birthplace unknown England
(City, town, or county) (State or foreign country)

16. (a) Informant Evela Roberts
(b) Address Pilot Grove, Mo
17. (a) Rural (b) Date thereof 3-5-42
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Pilot Grove, Mo

18. (a) Signature of funeral director Hays + painter
(b) Address Pilot Grove - Mo
19. (a) Mar 5-1942 (b) Mrs. W. W. Robien
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 2
year 1942 hour 11:50 minute 11:40 P.M.

21. I hereby certify that I attended the deceased from 2-26- 1942 to 3-2- 1942
that I last saw him alive on 3-2- 1942
and that death occurred on the date and hour stated above.

Immediate cause of death Acute Myocarditis
Due to Influenza

Duration
4 hrs
5 days

Due to 3301
Other conditions 3301
(Include pregnancy within 3 months of death)

Major findings:
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 J. P. Baley (M. D. or other) _____
Address Pilot Grove Mo Date signed 3-3-42

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

37
00

1589

RECEIVED

District Health Officer No. 8,

District File Number _____

Date Filed 4-8-42

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 Myself

_____, Registered Apprentice No. _____,
working under my personal supervision.

Signed Lepton E. Nays

Licensed Embalmer No. 3074

P. O. Address Pilot Grove, Wisc.

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.