

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No.

FILED OCT 1 3 25 1942
Registration District No.

Primary Registration District No. 5867

Registrar's No.

75
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County. Oregon

(b) City or town. Thayer (Rural) Ins
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: _____
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution. 8 years (Specify whether years, months or days)

In this community 8 years

2. USUAL RESIDENCE OF DECEASED:

(a) State. Missouri (b) County. Oregon

(c) City or town. Thayer (Rural)
(If outside city or town limits, write "RURAL")

(d) Street No. _____ (If rural, give location)

(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country. _____

3. (a) PRINT FULL NAME Samuel Chambers

3. (b) If veteran, name war. --

3. (c) Social Security No. --

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced. Single

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

7. Birth date of deceased. August 7 1875
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

67 - 12 hr. min.

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

10. Usual occupation. Laborer

11. Industry or business. _____

MOTHER FATHER { 12. Name. John Chambers

13. Birthplace. Scotland
(City, town, or county) (State or foreign country)

14. Maiden name. Jane Brownlee

15. Birthplace. Scotland
(City, town, or county) (State or foreign country)

16. (a) Informant. Bert Brown

(b) Address. Thayer, Mo.

17. (a) Burial (b) Date thereof. 8/30/42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation. Ross Hill

18. (a) Signature of funeral director. Geo Carr

(b) Address. Thayer, Mo.

19. (a) 9-10-42 (b) Joe W Williams
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug. day 29
year 1942 hour 10 minute P. M.

21. I hereby certify that I attended the deceased from Aug 26, 1942, to Aug 29, 1942
that I last saw him alive on Aug 26, 1942
and that death occurred on the date and hour stated above.

Immediate cause of death. Intestinal Obstruction due to Carcinoma of Colon

Due to _____

Due to _____

Other conditions. (Include pregnancy within 3 months of death) 46

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? _____

(Specify type of place)

While at work _____ (e) Means of injury Auto

23. Signature. Joe W Williams (M. D. or other) md

Address. Thayer, Mo. Date signed 9-1-42

RECEIVED

District Health Officer No. 5,

District File Number. 1042909

Date Filed 10-7-42

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 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.