

FILED JAN - 7 1943

State File No. _____

Registration District No. 316

Primary Registration District No. 6069

Registrar's No. 10

1. PLACE OF DEATH: *St Francis Co*

(a) County *St Francis Co*

(b) City or town _____ (If outside city or town limits, write "RURAL" and name of township)

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

(d) Length of stay: In hospital or institution _____ (Specify whether _____)

In this community *Lige* years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State *Mo* (b) County *St Francis Co*

(c) City or town _____ (If outside of town limits, write "RURAL")

(d) Street No. *Rural* (If rural, give location)

(e) Citizen of foreign country? (Yes or No)

If yes, name country _____

3. (a) PRINT FULL NAME *Alex Chamberlain*

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month *12/22* day _____ year *42* hour *7* minute *30* P.M.

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

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

7. Birth date of deceased: *Feb 10 1853* (Month) (Day) (Year)

21. I hereby certify that I attended the deceased from *12/21* 19*42* to *1/4/22* 19*42*

that I last saw *him* alive on *Dec 12* 19*42* and that death occurred on the date and hour stated above.

8. AGE: Years *89* Months *10* Days *22* If less than one day _____ hr. _____ min.

Immediate cause of death *Cerebral Ischemia* *2 days* Duration

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

Due to *Hypertension & arteriosclerosis*

10. Usual occupation *Grout Cutter*

Due to *Senility*

11. Industry or business *Quarry*

Other conditions *830*

12. Name *Nathan Chamberlain*

Major findings: *830*

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

Of operations _____

14. Maiden name *Unknown*

Of autopsy *no*

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

PHYSICIAN _____

16. (a) Informant *Sam Chamberlain*

Underline the cause to which death should be charged statistically.

(b) Address *Knob Lick Mo*

22. If death was due to external causes, fill in the following:

17. (a) *Burial* (b) Date thereof *12/24/42* (Burial, cremation, or removal) (Month) (Day) (Year)

(a) Accident, suicide, or homicide (specify) _____

(c) Place: burial or cremation *Knob Lick Mo*

(b) Date of occurrence _____

18. (a) Signature of funeral director *Sparks Funeral Home*

(c) Where did injury occur? _____ (City or town) (County) (State)

(b) Address *Elvins Mo*

(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

19. (a) *12-24-42* (b) *Byndie Bukmester* (Date received local registrar) (Registrar's signature)

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

23. Signature *L.M. Hawbeel* (M.D. or other) *MO*

Address *Jarvisdale Mo* Date signed *12/24/42*

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

MOTHER FATHER

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