

FILED JAN 18 1943

Registration District No. 166

Primary Registration District No. 5603

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

1. PLACE OF DEATH:

(a) County Johnson

(b) City or town Rural - gravel trap
(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 _____ (Specify whether _____)

In this community _____ (years, months or days)

3. (a) PRINT FULL NAME Edward Earl Chamberlain

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

4. Sex male **5. Color or race** white **6. (g) Single, widowed, married, divorced, single** single

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

7. Birth date of deceased Dec-17-1942
(Month) (Day) (Year)

8. AGE: Years _____ Months 3 Days _____ If less than one day _____ hr. _____ min.

9. Birthplace Johnson Co. Mo _____
(City, town, or county) (State or foreign country)

10. Usual occupation none

11. Industry or business _____

12. Name of father Oscar Chamberlain

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

14. Maiden name Celia Summers

15. Birthplace Racklet Mo. _____
(City, town, or county) (State or foreign country)

16. (a) Informant M. B. Chamberlain
(b) Address Knob Posters Mo.

17. (a) Burial _____ **(b) Date thereof** 12-20-42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Wagoner Cem.

18. (a) Signature of funeral director [Signature]
(b) Address Knob Posters Mo.

19. (a) 12-20-42 **(b) Mrs C E Foster**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Johnson

(c) City or town (R) Rural Johnson
(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 _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 20 year 1942 hour 3:20 minute 9 **A.M.**

21. I hereby certify that I attended the deceased from Dec 19 1942 **Dec 20** 1942
that I last saw him alive on _____ and that death occurred on the date and hour stated above.

Immediate cause of death Birth Injury

Due to pressure at birth

Due to _____

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 [Signature] (M. D. or other) _____
Address Knob Posters Mo. **Date signed** Dec 20 1942

RECEIVED

District Health Officer No. 8,

District File Number.....

Dated ~~11~~ 1-19-43

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. *Was not embalmed.*