

No. 2
A-2-43
5-17-37
X35597

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

31826

State File No. _____

Registrar's No. 553

FILED OCT 13 1943

Registration District No. 156

Primary Registration District No. 2001

1. PLACE OF DEATH:

(a) County Jasper
(b) City or town Joplin
(c) Name of hospital or institution: General Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution life (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jasper
(c) City or town Joplin 049
(If outside city or town limits, write "RURAL")
(d) Street No. 2427 1/2 Murphy 2
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Mary Snow Chambers
3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Sept day 28
year 1943 hour 1425 minute 0 M.
21. I hereby certify that I attended the deceased from Sept 20, 1943, to Sept 28, 1943
that I last saw her alive on Sept 28, 1943
and that death occurred on the date and hour stated above.

4. Sex Female 5. Color or race White
6. (a) Single, widowed, married, divorced, Married
6. (b) Name of husband or wife Ernest Chambers 6. (c) Age of husband or wife if alive 47 years
7. Birth date of deceased Sept 19, 1897
(Month) (Day) (Year)

Immediate cause of death Pulmonary Embolism, heart
Due to Respiratory failure
Due to Hysterectomy
Other conditions 56
(Include pregnancy within 3 months of death)

8. AGE: Years 46 Months 0 Days 9
If less than one day hr. _____ min. _____

Major findings: Large uterine fibroid
Of operations _____
Of autopsy _____

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

10. Usual occupation Housewife

MOTHER FATHER
11. Industry or business _____
12. Name Nathaniel Smith
13. Birthplace Unknown 9
(City, town, or county) (State or foreign country)
14. Maiden name Annice M. Garland
15. Birthplace Unknown 9
(City, town, or county) (State or foreign country)

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 C. E. Skinner (M.D. or other) _____
Address 521 W 4 Date signed 9-29-43

16. (a) Informant Mrs. Marguerite Wagner
(b) Address Joplin
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Sept 30, 1943
(Month) (Day) (Year)
(c) Place: burial or cremation Forest Park Cem.
18. (a) Signature of funeral director Walt City and Co.
(b) Address Walt City
19. (a) 9-30-43 (Date received local registrar) (b) Gertrude Dusholte (Registrar's signature)

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

43-9-828

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

Signed Clayton M. Johnston
Licensed Embalmer No. 4304
P. O. Address Webb City, 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.