S. No. 2
M—2-43
5-17-39

FILED SEP 22 1943

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 31949

Registration District No. 170 Primary Registration District No. 5628 Registrar's No.

1. PLACE OF DEATH:

(a) County LACLEDE

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

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

(d) Length of stay: In hospital or institution 1 (Specify whether years, months or days)

In this community ALWAYS

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County LACLEDE 053

(c) City or town RURAL 0 (If outside city or town limits, write "RURAL") 0

(d) Street No. FALCON MO (If rural, give location)

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

If yes, name country 0

3. (a) PRINT FULL NAME MAGGIE JANE CHAMBERS

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex F 1

5. Color or race W

6. (a) Single, widowed, married, divorced MARRIED 1

6. (b) Name of husband or wife JASPER CHAMBERS

6. (c) Age of husband or wife if alive 67 years

7. Birth date of deceased DEC (Month) 24 (Day) 1883 (Year)

8. AGE: Years 59 Months 7 Days 7 If less than one day hr. min.

9. Birthplace LACLEDE CO (City, town, or county) MO 0 (State or foreign country)

10. Usual occupation HOUSE WIFE

11. Industry or business

FATHER
12. Name RICHARD LONG
13. Birthplace (City, town, or county) US 1 (State or foreign country)

MOTHER
14. Maiden name MARY ELLEN KELSEY
15. Birthplace (City, town, or county) US 1 (State or foreign country)

16. (a) Informant Chloe Chambers

(b) Address LEBANON MO

17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof 8-6-43 (Month) (Day) (Year)

(c) Place: burial or cremation OAKLAND CEM

18. (a) Signature of funeral director PALMER'S

(b) Address LEBANON, MO

19. (a) Sept 3-43 (Date received local registrar) (b) Grace Ropu (Registrar's signature)

1070 (Licensed Embalmer's Statement on Reverse Side)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month AUG day 1 year 1943 hour 5 minute P M.

21. I hereby certify that I attended the deceased from 1-13, 1943 to 7-24, 1943 that I last saw her alive on 7-24, 1943 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Circulatory failure	
Due to valvular heart lesions	
Due to Carcinoma of the cervix (primary site)	
Other conditions Carcinoma of the rectum (Include pregnancy within 3 months of death)	

Major findings:
Of operations
Of autopsy

48a

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

23. Signature Austin R. Krause (M. D. or other) D.O.

Address Lebanon, Mo. Date signed 8/4/43

Received .....
Laclede County Health Unit
File No. 8-43-118
Date Filed 9/20/43

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 Allyn Detherage

Licensed Embalmer No. 4333

P. O. Address Lebanon 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.