S. No. 2
M—9-4-41
5-17-39
PI X29484

41

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED DEC 6 1943

Registration District No. 133

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 38298

Primary Registration District No. 3022

Registrar's No. 129

1. PLACE OF DEATH:

(a) County Harrison

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

(c) Name of hospital or institution: none /
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution ..... (Specify whether
In this community MOST of LIFE years, months or days)

2. USUAL RESIDENCE OF DECEASED: 41

(a) State Missouri (b) County Harrison /

(c) City or town Bethany /
(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 0

3. (a) PRINT FULL NAME Mary Elizabeth Chambers

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

3. (c) Social Security No. .....

4. Sex Female

5. Color or race White

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

6. (b) Name of husband or wife A. L. Chambers

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

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

8. AGE: Years 68 Months 3 Days 27 If less than one day ..... hr. ..... min.

9. Birthplace Missouri (City, town, or county) Missouri 0 (State or foreign country)

10. Usual occupation Housewife

11. Industry or business .....

FATHER
12. Name Guy Barrows
13. Birthplace ..... (City, town, or county) Missouri 0 (State or foreign country)

MOTHER
14. Maiden name Mary E. Lottridge
15. Birthplace ..... (City, town, or county) Missouri 0 (State or foreign country)

16. (a) Informant Madge Myers
(b) Address Bethany Mo.

17. (a) Bethany-Burial (Burial, cremation, or removal) (b) Date thereof 11 (Month) 6 (Day) 43 (Year)
(c) Place: burial or cremation Bethany Mo.

18. (a) Signature of funeral director J M Chambers
(b) Address Mt. Moriah Mo.

19. (a) Nov. 27-43 (Date received local registrar) (b) Zola M. Burris (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 11 day 4 year 1943 hour 5 minute 45 P.M.

21. I hereby certify that I attended the deceased from Oct 1, 1943, to Nov 4, 1943 that I last saw her alive on Nov 4, 1943 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Embalism	
Due to Gangrene of extremities	
Due to Arthritis	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations .....
Of autopsy .....

98.12

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 D. G. Reed (M. D. or other) D.O.

Address Bethany, Mo Date signed 11-6-43

(Licensed Embalmer's Statement on Reverse Side)

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 J. M. Chambers

Licensed Embalmer No. 2109

P. O. Address Mt. Moriah 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.