

No. 2
1-5-43
5-17-39
I X38671

State File No.

Registrar's No. **4086**

FILED OCT 9 1948

Registration District No. Primary Registration District No. **1002**

1. PLACE OF DEATH:

(a) County **Jackson**

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

(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 **since 9-24-46**
(Specify whether years, months or days)

In this community **42 years**
(Specify whether years, months or days)

3. (a) PRINT FULL NAME **Dr. James Q. Chambers, Sr.**

3. (b) If veteran, name war **no.**

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

4. Sex **male** 5. Color or race **white**

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

6. (b) Name of husband or wife **Mrs. Nellie P. Chambers**

6. (c) Age of husband or wife if alive **65** years

7. Birth date of deceased **July 12 1870**
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

76 **2** **13** hr. min.

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

10. Usual occupation **Physician, Retired**

11. Industry or business **x**

12. Name **Pascal Chambers**

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

14. Maiden name **unknown**

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

16. (a) Informant **Dr. J. C. Chambers, Jr.**

(b) Address **5400 Belinder Rd., Johnson Co., Kas**

17. (a) **Cremation** (b) Date thereof **9-27-46**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Elmwood Cemetery**

18. (a) Signature of funeral director **Stine & McClure,**

(b) Address **3235 Gillham Plaza, K. C., Mo.**

19. (a) **9-27-46** (b) **S. Geraldine Holmes**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Jackson**

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

(d) Street No. **3624 Holmes Street**
(If rural, give location)

(e) Citizen of foreign country? **no.** (Yes or No)

If yes, name country **x**

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **September** day **25**
year **1946** hour **12:45** minute **P.** M.

21. I hereby certify that I attended the deceased from **1946** to **1946**
that I last saw him **alive on** **1946**
and that death occurred on the date and hour stated above.

Immediate cause of death

How - pneumo - Throat
Fractured Ribs (Right)

Due to **Multiple Fractures pelvis**
Pari pelvis Hemorrhage

Due to **Fracture of skull**
contusions + abrasions

Other conditions
(Include pregnancy within 3 months of death)
street car & pedestrian

Major findings:
Of operations **1910-8**

Of autopsy **yes as above**

Duration

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) **accident 12-3**

(b) Date of occurrence **9-24-46**

(c) Where did injury occur? **100 Jackson Mo**
(City or town) (County) (State)

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

While at work? **no.** (Specify type of place) (e) Means of injury **Street Car Trolley**

23. Signature **James C. Stine** (M. D. or other) **Stine**
Address **1422 W. 21st St. Bldg.** Date signed **9-25-46**

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

MOTHER, FATHER

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 Robert H Reed

Licensed Embalmer No. 3745

P. O. Address. NC 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.