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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED NOV 19 1946

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 37375

Registration District No. 157 | Primary Registration District No. 3028 | Registrar's No. 223

1. PLACE OF DEATH:

(a) County: Jasper
(b) City or town: Carthage
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: McCune Brooks Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution: 1 Month (Specify whether years, months or days)
In this community:

2. USUAL RESIDENCE OF DECEASED:

(a) State: Missouri (b) County: Jasper
(c) City or town: Carthage
(If outside city or town limits, write "RURAL")
(d) Street No.: 1003 Grant St.
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country:

3. (a) PRINT FULL NAME: Velta Pauline CHAMBERS
3. (b) If veteran, name war: No
3. (c) Social Security No. 499-22-2030
4. Sex: Female
5. Color or race: White
6. (a) Single, widowed, married, divorced: Single
6. (b) Name of husband or wife: No
6. (c) Age of husband or wife if alive: No years
7. Birth date of deceased: February (Month) 23rd (Day) 1924 (Year)

8. AGE: Years	Months	Days	If less than one day
22	8	8	hr. min.

9. Birthplace: Dudenville, (City, town, or county) Missouri (State or foreign country)
10. Usual occupation: Stenographer
11. Industry or business:

FATHER
12. Name: Carl H. Chambers
13. Birthplace: Dudenville, (City, town, or county) Mo. (State or foreign country)

MOTHER
14. Maiden name: Gola Ruark
15. Birthplace: Miller, (City, town, or county) Mo. (State or foreign country)

16. (a) Informant: Mr. Carl H. Chambers
(b) Address: Dudenville, Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 11 (Month) 4 (Day) 46 (Year)
(c) Place: burial or cremation: Dudenville Cemetery
18. (a) Signature of funeral director: Ed. C. Ulmer
(b) Address: Carthage, Mo.
19. (a) 11-4-46 (Date received local registrar) (b) L. B. Clinton (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month November day 1st. year 1946 hour 10:15 minute P. M.
21. I hereby certify that I attended the deceased from Oct 1, 1946, to Nov 1, 1946, that I last saw her alive on Nov. 1, 1946, and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Endocarditis, bacterial acute, with General	
Due to sepicemia	4 Months
Due to Cause unknown	
Other conditions: none (Include pregnancy within 3 months of death)	

Major findings:
Of operations: none
Of autopsy: none

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: George H. Wood (M. D.)
Address: Carthage Mo. Date signed:

139 (Licensed Embalmer's Statement on Reverse Side)

46-11-916

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 Gene. C. Pugh. Gene. C. Pugh.

Licensed Embalmer No. 4231

P. O. Address Carthage, 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.