S. No. 2
M—5-43
. 5-17-39
I X36671

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JAN 23 1947

Registration District No. 38

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 1336

Primary Registration District No. 3006

Registrar's No. 75

1. PLACE OF DEATH:
(a) County: BOONE
(b) City or town: COLUMBIA
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 1506 Windsor XX
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution: XX (Specify whether years, months or days)
In this community: 9 MONTHS

2. USUAL RESIDENCE OF DECEASED:
(a) State: MISSOURI (b) County: BOONE
(c) City or town: COLUMBIA
(If outside city or town limits, write "RURAL")
(d) Street No.: 1506 WINDSOR ST
(If rural, give location)
(e) Citizen of foreign country? NO (Yes or No)
If yes, name country: XX

3. (a) PRINT FULL NAME: CHAMBERS, JOHN PATRICK
3. (b) If veteran, name war: XX
3. (c) Social Security No. 472-10-7569
4. Sex: M
5. Color or race: W
6. (a) Single, widowed, married, divorced: M
6. (b) Name of husband or wife: ESSIE CHAMBERS
6. (c) Age of husband or wife if alive: years
7. Birth date of deceased: JULY (Month) 1st (Day) 1885 (Year)

8. AGE: Years	Months	Days	If less than one day
61	6	2	hr. min.

9. Birthplace: MACKINAC ISLAND (City, town, or county) MICH. (State or foreign country)
10. Usual occupation: TIRE STORE
11. Industry or business: CHAMBERS ROYAL TIRE STORE
FATHER
12. Name: EDWARD CHAMBERS
13. Birthplace: MACKINAC (City, town, or county) MICHIGAN (State or foreign country)
MOTHER
14. Maiden name: ANNA MC INTYRE
15. Birthplace: MACKINAC ISLAND (City, town, or county) MICH. (State or foreign country)
16. (a) Informant: ESSIE CHAMBERS
(b) Address: 1506 WINDSOR COLUMBIA MO
17. (a) SHIP---BURIAL (Burial, cremation, or removal) Date thereof 1 7 47 (Month) (Day) (Year)
(c) Place: burial or cremation: MACKINAC ISLAND MICH
18. (a) Signature of funeral director: C.O. Tillett Dr. (25)
(b) Address: COLUMBIA MO
19. (a) 1-6-47 (Date received local registrar) (b) Mrs R.E. Palmer (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month JAN day 3rd year 1947 hour 11 minute P. M.
21. I hereby certify that I attended the deceased from December, 1946, to Jan 3, 1947; that I last saw him alive on January 3, 1947; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Coronary thrombosis	1 day
Due to: Hypertrophied arterio-sclerosis myocardial degeneration	?
Due to:	
Other conditions (Include pregnancy within 3 months of death):	

Major findings:
Of operations: 93D
Of autopsy:

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: 0

23. Signature: Charles G. Leeds Jr. (M. D. or other) MD.
Address: Columbia, Mo Date signed: Jan 6 1947

31 (Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 9
District File Number
Date Filed JAN 14 1947

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 Lyman H. Sprinkle

Licensed Embalmer No. 4013

P. O. Address Columbia, 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.