

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED APR 23 1947

Registration District No. 247

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 6122

State File No.

16159

Registrar's No.

1. PLACE OF DEATH

(a) County Stone
(b) City or town Washington
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 1

(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution. Entire Life (Specify whetherIn this community Entire Life
years, months or days)

3. (a) PRINT FULL NAME

Lilnehell Chambers3. (b) If veteran,
name war ✓3. (c) Social Security
No. ✓4. Sex F 1 5. Color or race wh 6. (a) Single, widowed, married,
divorced 0

6. (b) Name of husband or wife. 6. (c) Age of husband or wife if

Birth date of deceased March 24 1940
(Month) (Day) (Year)8. AGE: Years Months Days If less than one day
6 11 27 hr. min.9. Birthplace Stone Co mo
(City, town, or county) (State or foreign country)10. Usual occupation ✓

11. Industry or business

12. Name Jess Chambers 013. Birthplace Stone Co mo (State or foreign country)14. Maiden name Lilnehell McElathen15. Birthplace Stone Co (State or foreign country)16. (a) Informant Jess Chambers(b) Address Galena mo17. (a) Burial (b) Date thereof March 30 47
(Burial, cremation, or removal) (Month) (Day) (Year)(c) Place: burial or cremation Galena mo18. (a) Signature of funeral director Everitt J. Cheatham(b) Address Galena mo19. (a) March 28 47 (b) Lena Murray - Dep.
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Stone 104
(c) City or town Washington 0
(If outside city or town limits, write "RURAL") 0(d) Street No. 0
(If rural, give location) 0(e) Citizen of foreign country? no (Yes or No) 0

If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 21
year 1947 hour 9 minute P.M.21. I hereby certify that I attended the deceased from
March, 1947, to 21 March, 1947
that I last saw him alive on 15 March, 1947
and that death occurred on the date and hour stated above.

Immediate cause of death

Pneumonia

Duration

Due to injury

Due to

Other conditions
(Include pregnancy within 3 months of death)Major findings:
Of operations 23A

Of autopsy

PHYSICIAN

Underline
the cause to
which death
should be
charged sta-
tistically.

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?

While at work? (Specify type of place) (e) Means of injury 023. Signature Jess Chambers (M. D. or other)Address Galena mo Date signed 27 March 47

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

317

(Licensed Embalmer's Statement on Reverse Side)

Tomanan

RECEIVED

District Health Officer No. 6;

District File Number *442-498*

Date Filed *APR 22 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 *Elliott J. Cheatham*

Licensed Embalmer No. *3870*

P. O. Address *Galena 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.