S. No. 2
1—1/47
5-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

4089

State File No.

FILED MAR 1 1948 43
Registration District No.

Primary Registration District No. 3007

Registrar's No. 63

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

1. PLACE OF DEATH:
(a) County: Butler
(b) City or town: Poplar Bluff, Mo
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Lucy Lee Hosp
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution: 1 day (Specify whether years, months or days)
In this community: Lifetime

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County: Butler 12
(c) City or town: Poplar Bluff, Mo 7
(If outside city or town limits, write "RURAL")
(d) Street No.: 120 South "C" St 3
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No) 0
If yes, name country

3. (a) PRINT FULL NAME: Sophie Aldridge Chambers
3. (b) If veteran, name war:
3. (c) Social Security No.

4. Sex: Fem.
5. Color or race: W.
6. (a) Single, widowed, married, divorced: Wid
6. (b) Name of husband or wife:
6. (c) Age of husband or wife if alive: years
7. Birth date of deceased: Nov. 12, 1890 (Month) (Day) (Year)

8. AGE: Years 57 | Months 2 | Days 29 | If less than one day: hr. min.

9. Birthplace: ~~Unknown~~ Ward, Ark. (City, town, or county) (State or foreign country)
10. Usual occupation: Cook
11. Industry or business: Restaurant
MOTHER FATHER
12. Name: Wm. B. Mason
13. Birthplace: Emmett, Ky (City, town, or county) (State or foreign country)
14. Maiden name: Sarah Margaret Miller
15. Birthplace: Newark, N. J. (City, town, or country) (State or foreign country)
16. (a) Informant: Mrs. Geo. Gassman
(b) Address: Poplar Bluff, Mo
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 2-15-48 (Month) (Day) (Year)
(c) Place: burial or cremation: Woodlawn—Poplar Bluff, Mo
18. (a) Signature of funeral director: Frank Cotrell
(b) Address: Poplar Bluff, Mo
19. (a) 2-18-48 (Date received local registrar) (b) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month: Feb. day: 11 year: 1948 hour: 3:45 minute: P. M.

21. I hereby certify that I attended the deceased from 2/11/48, 19..., to 2/11/48, 19...; that I last saw h... alive on ..., 19...; and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Apoplexy	
Due to: Hypertension	
Due to:	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations: X
Of autopsy: no

PHYSICIAN
Underline the cause of 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
Signature: (M. D. or other)
Address: Date signed

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Vital Office No. 2
District File Number 248-266
Date Filed 2-25-48

APR 28 1948

MAR 2 1948

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 John M. Davies, Registered Apprentice No. 487, working under my personal supervision.

Signed Grover W. Yoder

Licensed Embalmer No. 2964

P. O. Address Poplar Bluff 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.