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DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. ....

FILED MAR 5 1948

Registration District No. 270

Primary Registration District No. 4427

Registrar's No. 21

1. PLACE OF DEATH:

(a) County Pulaski  
(b) City or town Waynesville  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution Waynesville General  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether)  
In this community life  
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Marion  
(c) City or town Vicksy  
(If outside city or town limits, write "RURAL")  
(d) Street No. \_\_\_\_\_ (If rural, give location)  
(e) Citizen of foreign country? No (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME CHESLEY EUGENE CHAMBERS

3. (b) If veteran, name war ✓ 3. (c) Social Security No. ✓

4. Sex Male 5. Color or race Wht. 6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased Feb. 1948  
(Month) (Day) (Year)

8. AGE: Years \_\_\_\_\_ Months \_\_\_\_\_ Days \_\_\_\_\_ If less than one day 19 hr. 13 min.

9. Birthplace Waynesville Mo.  
(City, town, or county) (State or foreign country)

10. Usual occupation \_\_\_\_\_

11. Industry or business \_\_\_\_\_

MOTHER FATHER {  
12. Name Burkey Chambers  
13. Birthplace Vicksy Mo.  
(City, town, or county) (State or foreign country)  
14. Maiden name Marie Bailey  
15. Birthplace Vicksy Mo.  
(City, town, or county) (State or foreign country)

16. (a) Informant Burkey Chambers  
(b) Address Vicksy, Mo.

17. (a) Burial (b) Date thereof 2-16-48  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Macedonia Cem.

18. (a) Signature of funeral director Hull & Sons F. H.  
(b) Address Holla, Mo.

19. (a) 3-2-48 (b) Delma C. Buchthues  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 15  
year 1948 hour 6 minute 45 A.M.

21. I hereby certify that I attended the deceased from 2/11/48  
\_\_\_\_\_, 19\_\_\_\_, to 2/15/48, 19\_\_\_\_  
that I last saw him alive on 2/15/48, 19\_\_\_\_  
and that death occurred on the date and hour stated above.

Immediate cause of death pneumonia; that  
to toxemia and  
aspiration of gastric  
Due to fluid  
prolapse of cord,  
Due to face presentation.

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Major findings: \_\_\_\_\_  
Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_

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) \_\_\_\_\_  
(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 \_\_\_\_\_

23. Signature [Signature] (M. D. or other) \_\_\_\_\_  
Address [Signature] Date signed 2/24/48

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

**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.....

*Paul E. Null*

Licensed Embalmer No. *4498*

P. O. Address.....

*Rolla*

**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.**