No. 2
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X47070

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED OCT 4 1948

Registration District No. 274

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 30582

Primary Registration District No. 3052

Registrar's No. 264

1. PLACE OF DEATH:
(a) County Pettis
(b) City or town Sedalia
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
311 North Prospect
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether years, months or days)
In this community Most of her Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Pettis
(c) City or town Sedalia
(If outside city or town limits, write "RURAL")
(d) Street No. 311 North Prospect
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Susan Ann Chambers
3. (b) If veteran, name war ✓
3. (c) Social Security No. ✓
4. Sex F.
5. Color or race W.
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife John W.
6. (c) Age of husband or wife if alive 75 years
7. Birth date of deceased January (Month) 31, (Day) 1871 (Year)

8. AGE: Years 76 Months 7 Days 0 If less than one day hr. min.

9. Birthplace Morgan County (City, town, or county) Missouri (State or foreign country)
10. Usual occupation Housewife
11. Industry or business
MOTHER FATHER
12. Name Samuel Dinwiddie
13. Birthplace ✓ (City, town, or county) Kentucky (State or foreign country)
14. Maiden name Emoline Thrailkill
15. Birthplace Unknown (City, town, or county) (State or foreign country)
16. (a) Informant John W. Chambers
(b) Address 311 N. Prospect, Sedalia, Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 9- 2- 1948 (Month) (Day) (Year)
(c) Place: burial or cremation Memorial Park Cemetery
18. (a) Signature of funeral director O.W. Eckhart
(b) Address Sedalia, Mo.
19. (a) 9-2-48 (Date received local registrar) (b) Betty Yeager (Registrar's signature) Deputy

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 31st, 1948. year hour 10.20 P.M. minute M.
21. I hereby certify that I attended the deceased from About fifteen years, 19..., to August, 19...; that I last saw her alive on August 29th, 1948. 19...; and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Chronic Myocarditis-Decompensated.	3 yrs.
Ascites and Edema.	
Due to	
Due to Senility.	
Arterio- Sclerosis.	5 yrs.
Other conditions (Include pregnancy within 3 months of death)	

Major findings: Of operations None other.
Of autopsy None. 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) None.
(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 Jno. B. Carlisle, M.D. (M. D. or other) M.D.
Address Sedalia Mo Date signed 9-2-48

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 8
District File Number
Date Filed 10-1-48

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 Frank S. Coffman Jr.

Licensed Embalmer No. 4559

P. O. Address Sedalia, 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.