

S. No. 300
M-10-47
v. 5-17-39
I 3906

32555

FEDERAL BUREAU OF INVESTIGATION
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. _____

FILED NOV 15 1948
Registration District No. 28

Primary Registration District No. 2000

Registrar's No. 971

9
2
6
WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County Greene

(b) City or town Springfield
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
611 East Monroe
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 31 Years (Specify whether years, months or days)

In this community _____

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Greene 39

(c) City or town Springfield
(If outside city or town limits, write "RURAL") 6

(d) Street No. 611 East Monroe
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)

If yes, name country _____

3: (a) PRINT FULL NAME MARY FRANCES CHAMBERS

3. (b) If veteran, name war No

3. (c) Social Security No. No

4. Sex Female 5. Color or race White

6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife James Chambers

6. (c) Age of husband or wife if alive deceased years

7. Birth date of deceased May 11 1856
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>92</u>	<u>5</u>	<u>25</u>	hr. _____ min.

9. Birthplace Unknown Tennessee
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business _____

12. Name Unknown 9

13. Birthplace Unknown 7
(City, town, or county) (State or foreign country)

14. Maiden name Unknown 7

15. Birthplace Unknown 7
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs T F Ellison

(b) Address 611 East Monroe, Springfield, Mo.

17. (a) Burial (b) Date thereof 11-8-48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Greenlawn Cemetery

18. (a) Signature of funeral director Alma Lohmeyer Funeral Home

(b) Address Springfield, Missouri

19. (a) 11-8-48 (b) M. J. Handley
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 11 day 6
year 48 hour 2 minute 30.9 M.

21. I hereby certify that I attended the deceased from 10-12-48
48, 1948, to 11-5-48, 1948

that I last saw her alive on 11-5-48, 1948
and that death occurred on the date and hour stated above.

Immediate cause of death Senility Duration 2 yrs

Due to Old age

Due to _____

Other conditions Chronic myocarditis
(Include pregnancy within 3 months of death)

Major findings:
Of operations _____

Of autopsy 932

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)

(c) Means of injury 1

23. Signature Mary Jean Olfert (M. D. or other) _____

Address 318 St Louis St Date signed 11-9-48

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..... *Bernard F. Wright*.....

Licensed Embalmer No. *4293*.....

P. O. Address *Springfield, 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.