

FILED NOV 13 1948

Registration District No. **324**

Primary Registration District No. **3046**

Registrar's No. **60**

1. PLACE OF DEATH:  
 (a) County **Moniteau Co**  
 (b) City or town **California, Mo Walker**  
 (If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution **Gen Del**  
 (If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution **Life** (Specify whether  
 In this community **Life**  
 years, months or days)

2. USUAL RESIDENCE OF DECEASED: **68**  
 (a) State **Missouri** (b) County **Moniteau**  
 (c) City or town **California, Mo**  
 (If outside city or town limits, write "RURAL")  
 (d) Street No. **Gen Del**  
 (If rural, give location)  
 (e) Citizen of foreign country? **No** (Yes or No)  
 If yes, name country.....

3. (a) PRINT FULL NAME **Mary Louvona 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..... 6. (c) Age of husband or wife if  
 alive..... years  
 7. Birth date of deceased **March 12 1870**  
 (Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
**78 7 17** hr. min.

9. Birthplace **Moniteau Co Mo**  
 (City, town, or county) (State or foreign country)

10. Usual occupation **House Wife**

11. Industry or business.....

12. Name **Jobe Murrell** **9**

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

14. Maiden name **Martina Henry**

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

16. (a) Informant **Jesse C. Chambers**

(b) Address **Kansas City, Mo.**

17. (a) **Burial** (b) Date of death **11/2/1948**  
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Brush Creek, Cent**

18. (a) Signature of funeral director **Bowlin Funeral Home**

(b) Address **California, Mo**

19. (a) **11-1-48** (b) **H.R. Popejoy**  
 (Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Oct** day **31**  
 year **1948** hour **1/10** minute **AM**

21. I hereby certify that I attended the deceased from **May 2**  
 19**46** to **Oct 31** 19**48**  
 that I last saw her alive on **Oct 31** 19**48**  
 and that death occurred on the date and hour stated above.

Immediate cause of death **Lobar Pneumonia**  
 Due to **Diabetes Mellitus**  
 Due to.....  
 Other conditions.....  
 (Include pregnancy within 3 months of death)

Major findings:  
 Of operations.....  
 Of autopsy..... **LO**

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?.....  
 While at work..... (Specify type of place)  
 (e) Means of injury..... **XO**  
 23. Signature **D. J. Baine** (M.D. or other)  
 Address **California** Date signed **11/1/48**

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

MOTHER FATHER

RECEIVED

District Health Officer No. 9,

District File Number

NOV 10 1949

Date Filed

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

*James M. Saley*

Registered Apprentice No. *219*

working under my personal supervision.

Signed *Earl P. Boulton*

Licensed Embalmer No. *2126*

P. O. Address *California, D.*

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.