

FILLED NOV 14 1941

Registration District No. 204

Primary Registration District No. 30-1-2-2013 Registrar's No. 32

1. PLACE OF DEATH:

(a) County Clinton  
(b) City or town Cameron D. E.  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: 710 N. Main  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether \_\_\_\_\_)  
In this community \_\_\_\_\_ years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Clinton 25  
(c) City or town Cameron (If outside city or town limits, write "RURAL")  
(d) Street No. 710 North Main (If rural, give location)  
(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 10  
year (1941) hour 9 minute 30 P. M.

21. I hereby certify that I attended the deceased from Oct 2nd 1941 to Oct 3rd 1941, that I last saw her alive on Oct 23rd 1941 and that death occurred on the date and hour stated above.

Immediate cause of death: Pulmonary Edema Duration 10 days  
Due to Chronic myocarditis Not known

Other conditions: Cerebral thrombosis 9 days  
(Include pregnancy within 3 months of death)

Major findings: 111 lb  
Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_  
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 \_\_\_\_\_  
23. Signature [Signature] (M. D. or other) DC  
Address Cameron, Mo. Date signed 10/11/41

3. (a) PRINT FULL NAME Mary Jane Caley  
3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. none

4. Sex Female 5. Color or race white 6. (a) Single, widowed, married, divorced Widowed  
6. (b) Name of husband or wife J. H. Caley, deceased 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
7. Birth date of deceased September 9, 1851  
(Month) (Day) (Year)

8. AGE: Years 90 Months 1 Days 24 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

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

10. Usual occupation Housework

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

MOTHER FATHER { 12. Name Josiah Curtis  
13. Birthplace England 4 (State or foreign country)  
14. Maiden name Mary Ann Estes  
15. Birthplace Ky. (City, town, or county) (State or foreign country)

16. (a) Informant W. J. Caley  
(b) Address Cameron, Mo.

17. (a) Burial (b) Date thereof Oct. 12, 1941  
(Burial, cremation, or exposure) (Month) (Day) (Year)  
(c) Place: burial or cremation Delaware Cph. DeKalb Co.

18. (a) Signature of funeral director [Signature]  
(b) Address Cameron, Mo.

19. (a) Oct 12 1941 (b) [Signature]  
(Date received local registrar) (Registrar's signature)

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.....

Licensed Embalmer No. 1180

P. O. Address Camden, Me.

**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.**