REG'D AUG 17 1939

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

25343
Do not use this space.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

20 / 10

1. PLACE OF DEATH
(a) County: Cedar 3
(b) Township:
(c) City: Eldorado Springs
Registration District No.: 163
Primary Registration District No.: 4095
Registered No.: 47
(d) Street No.: St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred: yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME: Pearl M McCamey
(a) Residence, No.: St.
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write the word*): married

5A. IF MARRIED, WIDOWED, OR DIVORCED ~~HUSBAND OF~~ (OR) WIFE OF: Frank D McCamey

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): July-18-1907

7. AGE: Years 31 | Months 11 | Days 22 | If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.: Housewife
9. Industry or business in which work was done, as saw mill, bank, etc.:
10. Date deceased last worked at this occupation (month and year):
11. Total time (years) spent in this occupation:

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Kansas

FATHER
13. NAME: Charles Clark
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Iowa

MOTHER
15. MAIDEN NAME: Sarah Hainer
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Mo

17. INFORMANT (ADDRESS): Frank D McCamey, Richland, Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE: Oxford, Kans. DATE: July-12, 1939

19. FUNERAL DIRECTOR (ADDRESS): Gunn-Sidric, Eldorado Springs, Mo

20. FILED 7-11-, 1939 J W Dawson, Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): July 10 1939

22. I HEREBY CERTIFY: That I attended deceased from July 10 1939, to July 10 1939
I last saw her alive on July 10, 1939. Death is said to have occurred on the date stated above, at 10 45 a.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Traumatic Amputation - Rt. Leg.	7/10/39
Multiple Contusions	
(Due To Roadside Upset)	
Other contributory causes of importance: Surgical Amputation: Rt Knee	7/10/39
Shock	
Name of operation: Amputation (Date of)	7/10/39
What test confirmed diagnosis? (Was there an autopsy?)	NO

23. If death was due to external causes (violence), fill in also the following:
Accident, ~~suicide, or homicide~~? Date of injury 7/10 1939
Where did injury occur? 5 mi. S of Eldorado Spgs Highway 54 (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury: Auto Upset
Nature of injury: (while passing car same direction)

24. Was disease or injury in any way related to occupation of deceased? NO
If so, specify
(Signed): Vern J. McGee, M. D.
(Address): Eldorado Spgs, Mo.

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 7,
District File Number 7-39-1193
Date Filed 8-9-39

STATEMENT BY LICENSED EMBALMER

I, O B Siders, Licensed Embalmer No. 3250

hereby certify that the body recorded on the reverse side of this certificate was embalmed by me

L. E.

No. or by , Registered Apprentice No.

working under my personal supervision.

Signed O B Siders

Licensed Embalmer No. 3250

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wi the above constitutes grounds for revocation of license.)