

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

43957
 Do not use this space.

1. PLACE OF DEATH

(a) County Marion Registration District No. 533
 (b) Township _____ Primary Registration District No. 3027 Registered No. 106
 (c) or City Macon (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

565 Lewis Taylor Damuon
 (a) Residence, No. _____ St. (If nonresident, give city or town and State)
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 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 Ella Damuon
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept 22 1864
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
75 1 17
 OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. _____
 9. Industry or business in which work was done, as saw mill, bank, etc. Clerical
 10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov 9 1939
 22. I HEREBY CERTIFY That I attended deceased from July 18, 1938, to Nov 9, 1939
 I last saw him alive on Nov 7, 1939 Death is said to have occurred on the date stated above, at 9:40 a.m.
 The principal cause of death and related causes of importance were as follows:

Benign prostatic obstruction with repeated hemorrhages
 Date of onset 1935
 Other contributory causes of importance: 12/10/1938
Chronic nephritis from foot pressure & prostatic obstruction

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) near Callao Mo
 FATHER 13. NAME John H. Damuon
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri
 MOTHER 15. MAIDEN NAME Elizabeth Sears
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo.
 17. INFORMANT (ADDRESS) L. J. Damuon
Macon, Mo.
 18. BURIAL, CREMATION, OR REMOVAL PLACE Callao Mo DATE 11-11-1939
 19. FUNERAL DIRECTOR (NAME) (ADDRESS) H. G. Edwards
Beaver Mo
 20. FILED 12/10 1939 Geo. H. Newton
Local Registrar

Name of operation _____ Date of _____
 What test confirmed diagnosis? _____ Was there an autopsy? _____
 23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? _____ Date of injury _____, 19____
 Where did injury occur? _____ (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place. _____
 Manner of injury _____
 Nature of injury _____
 24. Was disease or injury in any way related to occupation of deceased? _____
 If so, specify _____
 (Signed) R. P. Hanover M. D.
 (Address) macon Mo

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.

RECEIVED

District Health Officer No. 10

District File Number 1-40-64

Date Filed JAN 6 1940

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.....

J. G. Edwards

....., Registered Apprentice No.....

working under my personal supervision.

Signed *J. G. Edwards*.....

Licensed Embalmer No. 1961

P. O. Address Beverly M.

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, above space should be left blank.