FILED JUN 6 1940

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

18215
Do not use this space.

1. PLACE OF DEATH
(a) County Clinton Registration District No. 204
(b) Township Shoal 2 Primary Registration District No. 3013 Registered No. 22
or
(c) City Cameron (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 455 Jessie Baruch Theilmann
(a) Residence, No. 410 - East 4th 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 Female
4. COLOR OR RACE White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word) Widowed
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Louis Theilmann
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov 10 1875
7. AGE Years 64 Months 5 Days 27 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. House work
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) Crawford Co Kans.

FATHER
13. NAME James M Ball
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Tippecanoe Co Ind

MOTHER
15. MAIDEN NAME Mary Jane Williams
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Pickaway Co Ohio

17. INFORMANT (ADDRESS) Wallace Theilmann Hamlin, Kansas
18. BURIAL, CREMATION, OR REMOVAL McDaniel
PLACE Cameron Mo DATE May 9, 1940
19. FUNERAL DIRECTOR (NAME) (ADDRESS) O A Moore Cameron Mo
20. FILED May 9th, 1940 Dr C H Risley Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 7, 1940
22. I HEREBY CERTIFY, That I attended deceased from May 5, 1940, to May 7, 1940
I last saw her alive on May 7, 1940. Death is said to have occurred on the date stated above, at 11:15 A.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Arterio Sclerosis	1937

Other contributory causes of importance: 97

Name of operation — Date of
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, 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? No
If so, specify
(Signed) M L Peters, M. D.
185 (Address) Cameron Mo

(Licensed Embalmer's Statement on Reverse Side)

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. 11,
District File Number 640-808
Date Filed JUN 4 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 O. A. Moore, ~~Registered Apprentice No.~~ working under my personal supervision.

Signed O. A. Moore

Licensed Embalmer No. 1180

P. O. Address Cameron, Mo.

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

If this body is not embalmed, above space should be left blank.

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455
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(a) Residence, No. 410 - East 4th St. (If nonresident, give city or town and State)
(Usual place of abode, if no street address, write county or city)

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Items # 2 & 13 Corrected by affidavit of informant 11-27-67

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