

FILED

DEC 19 1940

Registration District No. **4**

Primary Registration District No. **6232**

Registrar's No. **32**

1. PLACE OF DEATH:

(a) County **Andrew**
Woodville
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
(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 **12**

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Andrew**
(c) City or town **Woodville**
(If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) If foreign born, how long in U. S. A.? _____ years.

3. (a) PRINT FULL NAME **ELIZA J. CAMERER**

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

5. Color of hair **White** 6. (a) Single, widowed, married, divorced **Widowed**

6. (b) Name of husband or wife **J. H. Camerer** 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased **Aug. 11 1853**
(Month) (Day) (Year)

8. AGE: Years **87** Months **3** Days **14** If less than one day _____ hr. _____ min.

9. Birthplace **Woodville Ills**
(City, town, or county) (State or foreign country)

10. Usual occupation **Housewife**

11. Industry or business **Farm**

12. Name **John Dunningan**

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

14. Maiden name **Cardelia Howard**

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

16. (a) Informant **Mrs Howard Houston**

(b) Address **Vandalia Mo**

17. (a) **Burial** (b) Date thereof **Nov. 26 1940**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Central Union**

18. (a) Signature of funeral director **W. Swaters**

(b) Address **Vandalia Mo**

19. (a) **Nov 26 1940** (b) **R. Lee Alford**
(Date received local registrar) (Registrar's signature)

(Licensed Embalmer's Statement on Reverse Side)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Nov.** day **24**
year **1940** hour **5** minute **50 P.M.**

21. I hereby certify that I attended the deceased from **Nov 20th 1940** to **Nov 24th 1940**
that I last saw him alive on **Nov 23rd 1940**
and that death occurred on the date and hour stated above.

Immediate cause of death **Carcinoma of Stomach Primary**

Due to _____

Due to **Hb**

Other conditions (Include pregnancy within 3 months of death)

Major findings:

Of operations _____

Of autopsy _____

Duration

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? **at home**

While at work? _____ (Specify type of place) _____ (e) Means of injury _____

23. Signature **A. Girach** (M. D. or printer) _____

Address **Madison, Mo** Date signed **11/26/40**

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

RECEIVED

District Health Officer No. 10

District File Number 12-40-225-8

Date Filed DEC 11 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.....

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

working under my personal supervision.

Signed.....

Wm B Waters

Licensed Embalmer No.....

3321

P. O. Address.....

Ward Hall

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.