

Registration District No. 703

Primary Registration District No. 4424

Registrar's No. _____

1. PLACE OF DEATH:

(a) County Polk
(b) City or town Humansville (Rural)
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Geo. Summitt Hospital
(If not in hospital or institution, write street number & location)
(d) Length of stay: In hospital or institution _____ (Specify whether
In this community _____ years, months or days)

3. (a) PRINT FULL NAME Louis H. Cameron

3. (b) If veteran, name war _____ 3. (c) Social Security No. None

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Maude 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased May 8 1883
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>58</u>	<u>1</u>	<u>29</u>	hr. _____ min.

9. Birthplace Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation _____

11. Industry or business _____

12. Name Charles W. Cameron

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

14. Maiden name Mary Burfield

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

16. (a) Informant Ruby Joshua

(b) Address 3424 Washburn St. Mo

17. (a) Burial (b) Date thereof July 9-41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Nevada, Mo.

18. (a) Signature of funeral director Joseph & Firestone

(b) Address Humansville, Mo.

19. (a) July 8-41 (b) Ora M. Rich
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Polk 85
(c) City or town Humansville (Rural) 0
(If outside city or town limits, write "RURAL") 0
(d) Street No. _____ (If rural, give location)
(e) Citizen of foreign country? 0 (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 7
year 1941 hour 12 minute 05 P. M.

21. I hereby certify that I attended the deceased from July 1, 1941 to July 7, 1941;
that I last saw him alive on July 7, 1941;
and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Myocarditis

Due to asthma
Due to Chronic nephritis

Other conditions (Include pregnancy within 3 months of death) _____

Major findings: Of operations _____

Of autopsy _____

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?
622 (Specify type of place)
While at work? 44 Robinson (e) Means of injury 0

23. Signature W. H. Robinson (M. D. or other)
Address Humansville, Mo. Date signed 7/8/41

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

JAN 24 1949

DEC 27 1948

RECEIVED

District Health Officer No. 7,

District File Number 7-41-1168

Date Filed 7-11-41

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.....

Charles Gilbert Hathaway Registered Apprentice No. 269
working under my personal supervision.

Signed.....

Licensed Embalmer No. 3149

P. O. Address. Humansville

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.