

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. \_\_\_\_\_

FILED APR 14 1942

Registration District No. 1917

Primary Registration District No. 526-6417

Registrar's No. 15

1. PLACE OF DEATH:

(a) County Clark  
(b) City or town Wynscauld - Rural  
(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)

8. (a) PRINT FULL NAME John Bruce Cameron

8. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

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

6. (b) Name of husband or wife Maria Cameron 6. (c) Age of husband or wife if alive 73 years

7. Birth date of deceased Sept 2-1863  
(Month) (Day) (Year)

8. AGE: Years 78 Months 5 Days 9 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace Mo. 0  
(City, town, or county) (State or foreign country)

10. Usual occupation Farming

11. Industry or business

MOTHER FATHER { 12. Name John Cameron  
13. Birthplace Scotland  
(City, town, or county) (State or foreign country)  
14. Maiden name Elizabeth Cameron  
15. Birthplace Scotland  
(City, town, or county) (State or foreign country)

16. (a) Informant Maria Cameron  
(b) Address Wynscauld Mo.

17. (a) Burial (b) Date thereof Feb 11-1942  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Wynscauld Mo.

18. (a) Signature of funeral director Wynscauld Mo.  
(b) Address Wynscauld Mo.

19. (a) 3-27-42 (b) Perly Barton  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Clark

(c) City or town Wynscauld - Rural  
(If outside city or town limits write "RURAL")

(d) Street No. \_\_\_\_\_ (If rural, give location) 0

(e) If foreign born, how long in U. S. A. ? \_\_\_\_\_ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 9  
year 1942 hour 11: minute A.M.

21. I hereby certify that I attended the deceased from Jan 1  
1942 to Feb 9 1942

that I last saw him alive on Feb 8-1942 and that death occurred on the date and hour stated above.

Immediate cause of death Dropsy Duration 1 hr

Due to Myocarditis & failing compensation of left

Due to ventricle

Other conditions \_\_\_\_\_ (Include pregnancy within 3 months of death)

Major findings: Of operations 9/50

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? \_\_\_\_\_

While at work? \_\_\_\_\_ (Specify type of place) (e) Means of injury 7

23. Signature B. F. Hutelunson (M. D. or other) MD  
Address Wynscauld Mo Date signed 3/25/42

PHYSICIAN  
Underline the cause to which death should be charged statistically.

1275

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

23  
0  
0

RECEIVED

District Health Officer No. 10

District File Number 4-13-718

Date Filed APR 13 1942

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**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.....

Licensed Embalmer No.....

P. O. Address.....

**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.**