

FILED JUN 18 1942

Registration District No. 209

Primary Registration District No. 4188

38
2
0
WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County Gentry

(b) City or town King City Mo.
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 1
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 2 years
(Specify whether years, months or days)

In this community 2 years
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Gentry

(c) City or town King City
(If outside city or town limits, write "RURAL")

(d) Street No.
(If rural, give location)

(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Minnie Mc Cammon

3. (b) If veteran, name war

3. (c) Social Security No. None

4. Sex Female 5. Color or race wh

6. (a) Single, widowed, married, divorced, married

(b) Name of husband or wife D. F. Mc Cammon

7. Birth date of deceased: Dec. 19 1975
(Month) (Day) (Year)

8. AGE: Years 66 Months 4 Days 24
If less than one day hr. min.

9. Birthplace Davies County Mo. D
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business

MOTHER FATHER { 12. Name Alvin Smith

{ 13. Birthplace Davies C. Missouri D
(State or foreign country)

{ 14. Maiden name Sarah Deering

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

16. (a) Informant M. S. Mc Cammon

(b) Address King City Mo

17. (a) Burial King City Cemetery (b) Date thereof May 14 1942
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation

18. (a) Signature of funeral director Lucile M. Wilson

(b) Address King City Mo.

19. May 13 1942 (Date received local registrar) (b) Harold N. Nebeker (Registrar's signature)
(Date received local registrar) (Signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 12 day MAY
year 1942 hour 4 A.M. minute M:

21. I hereby certify that I attended the deceased from Jan 1 to May 12
that I last saw her alive on May 12 and that death occurred on the date and hour stated above.

Immediate cause of death: Tuberculosis of pleurae.

Due to

Other conditions: Hypostatic pneumonia
(Include pregnancy within 6 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?

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

23. Signature Dr. Zack A. Baines (M. D. or other) DO

Address King City, Mo. Date signed May 31 1942

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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.....

Lucile M. Wilson

Licensed Embalmer No.....

2830

P. O. Address.....

ing City Mo.

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.