

REC'D AUG 17 1942

Registration District No. 149

Primary Registration District No. 1002

Registrar's No. 2975

1. PLACE OF DEATH:

(a) County Jackson,
(b) City or town Kansas City,
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
1016 Central Street, /
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution X (Specify whether
In this community 4 years,
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson, 48
(c) City or town Kansas City, 3
(If outside city or town limits, write "RURAL") 8
(d) Street No. 1016 Central,
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME Malcolm McLeod Cameron,

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

4. Sex Male 0 5. Color or race White 6. (a) Single, widowed, married, Divorced Single
6. (b) Name of husband or wife X 6. (c) Age of husband or wife if alive X years
7. Birth date of deceased December 2~~5~~ 1863
(Month) (Day) (Year)

8. AGE: Years 78 Months 8 Days 4 If less than one day
..... hr. min.

9. Birthplace Canada, 2
(City, town, or county) (State or foreign country)

10. Usual occupation Retired,

11. Industry or business X

12. Name John Malcolm Cameron,
13. Birthplace Scotland, 4
(City, town, or county) (State or foreign country)

14. Maiden name May McLeod,
15. Birthplace Canada, 2
(City, town, or county) (State or foreign country)

16. (a) Informant John Cameron Swayze,
(b) Address Mission, Kansas.

17. (a) Burial (b) Date thereof 8-8-42
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Union Cem.

18. (a) Signature of funeral director Stine & McClure,
(b) Address 3235 Gillham Plaza, Kansas City, Mo.

19. (a) 8-7-42 (b) M. M. Brown
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 6th
year 1942 hour minute M.

21. I hereby certify that I attended the deceased from 12/23, 1933, to 8/6, 1942
that I last saw her alive on 7/8, 1942
and that death occurred on the date and hour stated above.

Immediate cause of death Angina Pectoris 18 years
Duration

Due to 94B
Due to

Other conditions Antero-Pericarditis Sygan
(Include pregnancy within 3 months of death)

Major findings: Of operations
Of autopsy
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?

While at work? (Specify type of place) (e) Means of injury
23. Signature William A Baker (M. D. or other) 0
Address 1030 Argyle Bldg. Date signed 8/7/42

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

48
830

361

Dr. Wilbur Baker

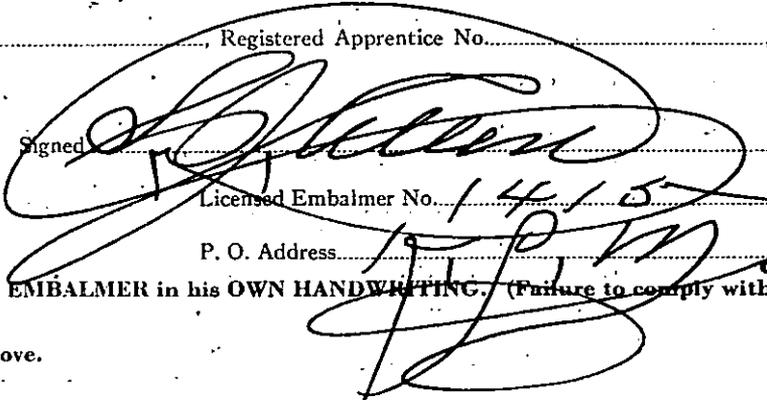
Angela Baker

1030

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. 1415
P. O. Address 179 W. 1st St.

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.