

Registration District No. 2388

Primary Registration District No. 5906

Registrar's No.

1. PLACE OF DEATH:

(a) County Pemiscot
(b) City or town Rural (Latholm Riv.)
(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 _____
(Specify whether _____)
In this community Life
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Pemiscot
(c) City or town Rural
(If outside city or town limits, write "RURAL")
(d) Street No. Near Wardell MO.
(If rural, give location)
(e) If foreign born, how long in U. S. A.? 0 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug. day 23
year 1942 hour 12 minute 1 M.

21. I hereby certify that I attended the deceased from only when born Aug., 25, 1942, 19 to , 19 ;
that I last saw him alive on Aug., 23, 1942, 19 ;
and that death occurred on the date and hour stated above.

Immediate cause of death Pneumonia
Heart defect.

Duration

Due to _____

Due to _____

Other conditions None
(Include pregnancy within 3 months of death)

PHYSICIAN

Major findings:
Of operations Nothing else

Of autopsy No

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 0

23. Signature A. A. Reeder (M. D. or other) _____

Address Portageville, Mo. Date signed 8/23/42

3. (a) PRINT FULL NAME Baby Cameron

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

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

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

7. Birth date of deceased Aug 23 1942
(Month) (Day) (Year)

8. AGE: Years _____ Months _____ Days _____ If less than one day 7 hr. _____ min.

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

10. Usual occupation None

11. Industry or business _____

MOTHER FATHER { 12. Name Charles David Cameron

13. Birthplace Mo. Co. Georgia
(City, town, or county) (State or foreign country)

14. Maiden name Marie Mitchell

15. Birthplace Saline Co. Ill.
(City, town, or county) (State or foreign country)

16. (a) Informant Charles D. Cameron

(b) Address Wardell MO

17. (a) Heart removal Date thereof Aug 24 1942
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Fun. of Ark

18. (a) Signature of funeral director Friends

(b) Address Portageville Mo

19. (a) Aug 23 42 (b) _____
(Date received local registrar) (Registrar's signature)

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

78
00

9-42-15-

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 *M*.....

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, fact should be so stated above.