. S. No. 2
OM—5-42
ev. 5-17-39
I X32873

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

14072

State File No.

FILED MAY 8 1943

Registration District No. 75

Primary Registration District No. 3015

Registrar's No. 27

25 / /

1. PLACE OF DEATH:

(a) County Clinton

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

(c) Name of hospital or institution: 824 W.3rd. St. /
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution NO. (Specify whether
In this community unknown
years, months or days)

2. USUAL RESIDENCE OF DECEASED: 25

(a) State Missouri (b) County Clinton /

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

(d) Street No. 824 W.3rd.
(If rural, give location)

(e) Citizen of foreign country? No. (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME Anna Baxter Lamison.

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex Female

5. Color or race W /

6. (a) Single, widowed, married, divorced Widow 2

6. (b) Name of husband or wife James H. Lamison

6. (c) Age of husband or wife if alive years

7. Birth date of deceased June (Month) 30 (Day) 1855 (Year)

8. AGE:

Years	Months	Days	If less than one day
87	9	15	hr. min.

9. Birthplace Bedford (City, town, or county) Penn. / (State or foreign country)

10. Usual occupation At home

11. Industry or business

FATHER
12. Name John Baxter
13. Birthplace Manchester (City, town, or county) England 4 (State or foreign country)

MOTHER
14. Maiden name Mary Gartside
15. Birthplace Manchester (City, town, or county) England 4 (State or foreign country)

16. (a) Informant Mae Lamison
(b) Address Cameron, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 4-17-43 (Month) (Day) (Year)
(c) Place: burial or cremation Osborn, Mo.

18. (a) Signature of funeral director Poland Funeral Home
(b) Address Cameron, Mo.

19. (a) 4-16-43 (Date received local registrar) Mrs. Kathleen Harris (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Apr day 15 year 1943. hour 8:00A.M. minute M.

21. I hereby certify that I attended the deceased from April 14, 1943 to April 15, 1943 that I last saw her alive on April 14, 1943 and that death occurred on the date and hour stated above.

Immediate cause of death Mitral Regurgitation

Due to

Due to

Other conditions (Include pregnancy within 3 months of death) 92 h

Major findings:
Of operations

Of autopsy

Duration: not known

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? (Specify type of place)

While at work? (e) Means of injury

23. Signature A. O. Greenland (M.D. or other) MD

Address Cameron Mo. Date signed April 16-1943

1086

(Licensed Embalmer's Statement on Reverse Side)

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 Harold I. Wade

Licensed Embalmer No. 4172

P. O. Address Cameron 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.