

FILED JAN 17 1944

Registration District No. 15

Primary Registration District No. 3015

State File No. _____

Registrar's No. 76

1. PLACE OF DEATH: Clinton
 (a) County: Clinton
 (b) City or town: Cameron
 (c) Name of hospital or institution: South Lathrop St.
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution: NONE
 In this community: 50 yrs
 years, months or days

2. USUAL RESIDENCE OF DECEASED:
 (a) State: Missouri (b) County: Clinton
 (c) City or town: Cameron
 (If outside city or town limits, write "RURAL")
 (d) Street No.: South Lathrop
 (If rural, give location)
 (e) Citizen of foreign country? No. (Yes or No)
 If yes, name country: 0

3. (a) PRINT FULL NAME: Laura Tishia Filloy

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: married

6. (b) Name of husband or wife: Harry Filloy 6. (c) Age of husband or wife if alive: 56 years

7. Birth date of deceased: June 15 1880 (Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	63	6	7	hr. min.

9. Birthplace: Lafayette Co. Mo. (City, town, or county) (State or foreign country)

10. Usual occupation: At home

11. Industry or business: _____

MOTHER FATHER {
 12. Name: Jeromiah Blakley
 13. Birthplace: _____ Mo. (City, town, or county) (State or foreign country)
 14. Maiden name: Sarah B. Brady
 15. Birthplace: _____ Mo. (City, town, or county) (State or foreign country)

16. (a) Informant: Harry Filloy (b) Address: Cameron

17. (a) Burial (b) Date thereof: 12-26-43 (Month) (Day) (Year) (c) Place: burial or cremation: Mt. Daniel

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

19. (a) Dec. 24, 1943 (b) Mrs. Kathleen Harris (Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month: December, day: 22, year: 1943, hour: 2:00, minute: 10 M.

21. I hereby certify that I attended the deceased from Dec 18 1943 to Dec 22 1943 that I last saw him alive on Dec 22 1943 and that death occurred on the date and hour stated above.

Immediate cause of death: Pulmonary Regurgitation 6 yrs

Due to: _____
Due to: _____
Other conditions: _____ (Include pregnancy within 3 months of death)

PHYSICIAN
Major findings: _____
Of operations: _____
Of autopsy: _____
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? _____

23. Signature: P. O. Williams M.D. (Specify type of place) (e) Means of injury: _____
Address: Cameron Mo. Date signed: 12/23

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

25
1
1

23

0

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

43

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 Herald I. Wade
Licensed Embalmer No. 4172
P. O. Address Cameron, Miss

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.