

FILED FEB 3 1949

Primary Registration District No. **1002**

Registrar's No. **216**

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:
315 West 9 St.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution.....
In this community **30 yrs** (Specify whether years, months or days)

3. (a) PRINT FULL NAME **Newton M. Cameron**

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

4. Sex **Male** 5. Color or race **White** 6. (a) Single, widowed, married, divorced **Married**
6. (b) Name of husband or wife **Maude Cameron** 6. (c) Age of husband or wife if alive **About 54** years
7. Birth date of deceased **Jan 2 1880**
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
64 **0** **14** hr. min.

9. Birthplace **Missouri**
(City, town, or county) (State or foreign country)

10. Usual occupation **Real Estate Salesman**

11. Industry or business **self**

MOTHER FATHER { 12. Name **Newton Cameron**
13. Birthplace **Missouri**
(City, town, or county) (State or foreign country)
14. Maiden name **Amy Hawkins**
15. Birthplace **Missouri**
(City, town, or county) (State or foreign country)

16. (a) Informant **John T. Cameron**

(b) Address **Merriam Kansas**

17. (a) **Burial** (b) Date thereof **Jan 18 1944**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Forest Hill Cem.**

18. (a) Signature of funeral director **Mrs. C. L. Forster**

(b) Address **918 Brooklyn**

19. (a) **Jan 17 1949** (b) **J. B. Brown**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Jackson**
(c) City or town **Kansas City**
(If outside city or town limits, write "RURAL")
(d) Street No. **315 West 9 St.**
(If rural, give location)
(e) Citizen of foreign country?..... (Yes or No)
If yes, name country.....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Jan** day **16**
year **1944** hour **8** minute **40A** M.

21. I hereby certify that I attended the deceased from **Reputy Coroner** 19..... to 19.....
that I last saw him..... alive on..... 19.....
and that death occurred on the date and hour stated above.

Immediate cause of death **Lobar Pneumonia**

Due to **Carcinoma of Spleen**

Due to.....
Other conditions (include pregnancy within 3 months of death) **47a**

Major findings: Of operations.....
Of autopsy **See Above**

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) (Cause of injury)
23. Signature **Ge. E. Gocher** (M. D. or other) **M. D.**
Address **22 N. 404** Date signed **1/16/49**

COPYING BLACK INK - MAKE A PERMANENT RECORD

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 *Theron A. Redmon*
.....
Licensed Embalmer No. *22037*
.....
P. O. Address *P. O. No.*
.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.