

FILED FEB 9 1944
Reception District No. _____

Primary Registration District No. 3032

Registrar's No. 9

1. PLACE OF DEATH:

(a) County Johnson.
(b) City or town Warrensburg.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: none

(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution none (Specify whetherin this community 65yrs.
years, months or days)3. (a) PRINT FULL NAME Hugh Wesley McCammett3. (b) If veteran, name war No 3. (c) Social Security No. 197-14-91304. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married6. (b) Name of husband or wife Temple McCammett. 6. (c) Age of husband or wife if alive 54 years7. Birth date of deceased. Nov. 23, 1875.
(Month) (Day) (Year)8. AGE: Years Months Days If less than one day
68 1 23 hr. min.9. Birthplace Colorado Springs, Colo.
(City, town, or county) (State or foreign country)10. Usual occupation Retired Painter.

11. Industry or business _____

12. Name Thomas McCammett.13. Birthplace unknown KY.
(City, town, or county) (State or foreign country)14. Maiden name Margaret Graham.
(City, town, or county) (State or foreign country)15. Birthplace unknown. Ireland
(City, town, or county) (State or foreign country)16. (a) Informant Mrs. Temple McCammett.(b) Address Warrensburg, MO.17. (a) Burial (b) Date thereof. 1-19, 1944
(Burial, cremation, or removal) (Month) (Day) (Year)(c) Place: burial or cremation Sunset Hill.18. (a) Signature of funeral director Wesley Phillips(b) Address Warrensburg, MO.19. (a) Jan 17, 1944 (b) Lesla M. Williams
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Johnson
(c) City or town Warrensburg.
(If outside city or town limits, write "RURAL")(d) Street No. 217, McGoodwin.
(If rural, give location)(e) Citizen of foreign country? no (Yes or No)

If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan. day 16
year 1944 hour 5 minute A. M.21. I hereby certify that I attended the deceased from Jan. 8 to Jan 19, 1944that I last saw him alive on Jan. 15, 1944
and that death occurred on the date and hour stated above.Immediate cause of death Acute Uremia Duration 7 wks.Due to Renal Cardiac Vascular disease 2 years

Due to _____

Other conditions massive pleural effusion (4yr) ?
(Include pregnancy within 3 months of death)Major findings: 12/18 PHYSICIAN _____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? _____

While at work? _____ (Specify type of place)
(e) Means of injury _____23. Signature Wesley Phillips (M.D. or other) _____Address Warrensburg, Mo. Date signed 1-17-44

WRITE PLAINLY—USE UNFADING 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 R. A. Phillips

Licensed Embalmer No. 2320

P. O. Address R. A. Phillips

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.