. S. No. 2
0M—2-43
. 5-17-39
P1—X35697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAR 6 1944

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 6939

Registration District No. 75 Primary Registration District No. 2015 Registrar's No. 12

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

(d) Length of stay: In hospital or institution (Specify whether years, months or days)

In this community

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. North Mead St.,
(If rural, give location)

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

If yes, name country no

3. (a) PRINT FULL NAME James A. Scammahorn

3. (b) If veteran, name war no

3. (c) Social Security None

4. Sex M. 5. Color or race W. 6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife —

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

7. Birth date of deceased June (Month) 15 (Day) 1860 (Year)

8. AGE: Years 83 Months 6 Days 15 If less than one day hr. min.

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

10. Usual occupation Retired Farmer

11. Industry or business

FATHER
12. Name Peter N. Scammahorn
13. Birthplace unknown (City, town, or county) Ky (State or foreign country)

MOTHER
14. Maiden name Mary A. Bacon
15. Birthplace unknown (City, town, or county) Ky (State or foreign country)

16. (a) Informant Mrs Arthur Ryan
(b) Address Cameron, Mo.

17. (a) [illegible] (Burial, cremation, or removal) (b) Date thereof ~~Jan~~ FEB. 21, 1944 (Month) (Day) (Year)
(c) Place: burial or cremation Maysville Mo.

18. (a) Signature of funeral director [illegible]
(b) Address Cameron, Mo.

19. (a) FEB-21-1944 (Date received local registrar) (b) Mrs Kathleen Harris (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 18 year 1944 hour 9 minute P. M.

21. I hereby certify that I attended the deceased from Feb 17, 1944, to Feb 18, 1944, that I last saw him alive on Feb 18, 1944, and that death occurred on the date and hour stated above.

Immediate cause of death [illegible] — Duration

Due to —

Due to —

Other conditions (Include pregnancy within 3 months of death) —

Major findings:
Of operations —

Of autopsy —

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? —

While at work (Specify type of place) (e) Means of injury —

23. Signature [illegible] (M. D. or other)

Address Cameron, Mo. Date signed 2/19/44

10K6

(Licensed Embalmer's Statement on Reverse Side)

OCT 26 1925

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 ..... O. D. Moore

Licensed Embalmer No. 1180

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.