. S. No. 2
0M—2-43
v. 5-17-39
I X35897

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

24
2
1

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

24415

State File No.

FILED AUG 8 1943

Registration District No. 43

Primary Registration District No. 3014

Registrar's No. 71

1. PLACE OF DEATH:

(a) County Clay

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

(c) Name of hospital or institution: Her Home 1
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution —
(Specify whether In this community 65 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Clay 24

(c) City or town Liberty 2
(If outside city or town limits, write "RURAL")

(d) Street No. 108 S. Main St 1
(If rural, give location)

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

If yes, name country 0

3. (a) PRINT FULL NAME MARGARET A. CAMRON

3. (b) If veteran, name war None

3. (c) Social Security No. None

4. Sex Female

5. Color or race White 2

6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife Perry Camron

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

7. Birth date of deceased Jany (Month) 31 (Day) 1856 (Year)

8. AGE: Years 88 Months 5 Days 25 If less than one day hr. min.

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

10. Usual occupation Housewife

11. Industry or business —

FATHER
12. Name John Myres
13. Birthplace — (City, town, or county) Tenn (State or foreign country)

MOTHER
14. Maiden name Susan Hoffman
15. Birthplace — (City, town, or county) Germany (State or foreign country)

16. (a) Informant Mrs. Lester Ribourn
(b) Address 108 S. Main St. Liberty Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof July 28-1944 (Month) (Day) (Year)
(c) Place: burial or cremation Fairview Liberty Mo

18. (a) Signature of funeral director Church-Archer Co
(b) Address Liberty Mo.

19. (a) 7-28-44 (Date received local registrar) (b) Helen Early (Registrar's signature)

7-26

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 26
year 1944 hour 3 minute — P. M.

21. I hereby certify that I attended the deceased from Oct 1943 to July 26 1944
that I last saw her alive on July 26 1944
and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Rupture Gall Bladder	48 hr.
Due to	
Due to Chr. Cholecystitis	Indef.
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

12 7 P 1

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 Gus Henderson (M. D. or other)

Address Liberty Mo Date signed 7-28/44

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 8
District File Number
Date Filed 8-7-47

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 Edgar Archer

Licensed Embalmer No. 3311

P. O. Address Liberty, 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.