V. S. No. 2
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ev. 5-17-39
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 28348

FILED SEP 7 1944

Registration District No. 230 Primary Registration District No. 5810-7 Registrar's No. 8

1. PLACE OF DEATH:
(a) County Montgomery Co.
(b) City or town New Florence, Mo. Rural
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: xx
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution xx (Specify whether years, months or days)
In this community 4 Years

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

3. (a) PRINT FULL NAME John D. Cameron.
3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex M
5. Color or race W
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Elizabeth Cameron.
6. (c) Age of husband or wife if alive 55 years
7. Birth date of deceased Feb (Month) 12th (Day) 1871 (Year)

8. AGE: Years	Months	Days	If less than one day
73	5	21	hr. min.

9. Birthplace Junction City (City, town, or county) Kan (State or foreign country)
10. Usual occupation Farmer
11. Industry or business
MOTHER FATHER
12. Name John Cameron.
13. Birthplace Monteral Ontario, Canada. (City, town, or country) (State or foreign country)
14. Maiden name Lillian Menfort.
15. Birthplace Unknown (City, town, or county) Michigan. (State or foreign country)
16. (a) Informant Mrs J D Cameron
(b) Address New Florence, Mo. RFD
17. (a) Removal (Burial, cremation, or removal) (b) Date thereof Aug-4th 1944 (Month) (Day) (Year)
(c) Place of burial or cremation Junction City, Kan.
18. (a) Signature of funeral director Barton Barton
(b) Address Americus, Mo.
19. (a) Aug 4th 1944 (Date received by local registrar) (b) Mrs Frank Overkamp (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug day 2nd year 1944 hour 5 minute 30 P.M.
21. I hereby certify that I attended the deceased from ..... 19..... to ..... 19.....; that I last saw h..... alive on ..... 19.....; and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Thrombosis	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 Aug 2-1944
(c) Where did injury occur? New Florence (City or town) Montgomery (County) Missouri (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? At Home In his house (Specify type of place)
While at work? (e) Means of injury
23. Signature F. J. Ball Justice of the Peace & Ex Officio Coroner (M. D. or other)
Address Jonesburg Mo Date signed Aug 2-1944

1039

(Licensed Embalmer's Statement on Reverse Side)

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RECEIVED
District Health Officer No. 9,
District File Number
Date Filed 9-6-44

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 D.B.Baker, Registered Apprentice No. working under my personal supervision.

Signed D B Baker

Licensed Embalmer No. 3375

P. O. Address Americus, 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.