

S. No. 2
M-8-43
7-5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

2482

State File No. _____

FILED FEB 15 1946

Registration District No. 73

Primary Registration District No. 3015

Registrar's No. 19

1. PLACE OF DEATH:

(a) County Clinton
(b) City or town Cameau
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 416 W 9th
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 70
(Specify whether
In this community 11 days
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Clinton
(c) City or town Cameau
(If outside city or town limits, write "RURAL")
(d) Street No. 416 W 9th
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Lillie Alice Mabe

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

4. Sex Female 5. Color or race white 6. (a) Single, widowed, married, divorced widow
6. (b) Name of husband or wife Wm C Mabe 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased Aug 19 1870
(Month) (Day) (Year)

8. AGE: Years 75 Months 4 Days 11 If less than one day hr. min.

9. Birthplace Columb B MO - 1
(City, town, or county) (State or foreign country)

10. Usual occupation at home

11. Industry or business _____

12. Name Parker Ross

13. Birthplace No record No record
(City, town, or county) (State or foreign country)

14. Maiden name Rebecca Ross

15. Birthplace No record No record
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs Stella May Davis
(b) Address Cameau

17. (a) Burial (b) Date thereof 1-1-1946
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Graceland Cem.

18. (a) Signature of funeral director Poland Turner Stone
(b) Address Cameau

19. (a) Jan 1, 46 (b) Mrs. Roy B. Blyewalt
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 29 day Dec
year 1945 hour 10.25 minute P. M.

21. I hereby certify that I attended the deceased from Dec 12
5.20 to Dec 29 1945
that I last saw him alive on Dec 29 1945
and that death occurred on the date and hour stated above.

Immediate cause of death Arteriosclerosis
in Rectum Duration _____

Due to _____
Due to _____

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

Major findings: Of operations 123.2
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 W. O. Gilliland (M. D. or other) MD
Address Barton mo Date signed 12/31

66 (Licensed Embalmer's Statement on Reverse Side)

1945

100107
Same Name but NO relationship.
WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

**DISTRICT HEALTH OFFICE
Cameron, Mo.**

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..... *J. G. Lyon*

Licensed Embalmer No. *952*

P. O. Address..... *Stewartville 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.