

DEPARTMENT OF COMMERCE THE STATE BOARD OF HEALTH OF MISSOURI
BUREAU OF THE CENSUS STANDARD CERTIFICATE OF DEATH

State File No. 12614

Registration District No. 26

Primary Registration District No. 8015

Registrar's No. 72

1. PLACE OF DEATH:

(a) County CLINTON

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

(c) Name of hospital or institution:
702 E Prospect St. Home
(If not in hospital or institution, write street number or location)

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

In this community 2 yrs. 2 mo 13 days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Clinton 25

(c) City or town Cameron Mo
(If outside city or town limits, write "RURAL.")

(d) Street No. 702 E Prospect St.
(If rural, give location)

(e) Citizen of foreign country? No
If yes, name country _____

3. (a) PRINT FULL NAME Myrtle Lee Garner

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 2

6. (b) Name of husband or wife William Garner 6. (c) Age of husband or wife if alive 1 year

7. Birth date of deceased Dec 23 1888
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

57 3 26 hr. min.

9. Birthplace Moreau County Kentucky
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business _____

12. Name Ruben C. Sloan

13. Birthplace Kentucky
(City, town, or county) (State or foreign country)

14. Maiden name Victoria A. Sloan

15. Birthplace Kentucky
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Ruben Sloan
(b) Address Cameron Mo.

17. (a) Burial (b) Date thereof 4-21-46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place of burial or cremation W. T. C. M. O.

18. (a) Signature of funeral director W. T. C. M. O.
(b) Address W. T. C. M. O.

19. (a) 4-20-46 (b) Mrs. Ray B. Sloan
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 19 day APRIL
year 1946 hour 7 minute 30 AM

21. I hereby certify that I attended the deceased from April 19 1946 to April 19 1946
that I last saw her alive on April 19 1946
and that death occurred on the date and hour stated above.

Immediate cause of death Breast Cancer
Duration 8 yrs

Due to _____

Due to _____

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

Major findings: Of operations _____

Of autopsy 50

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) (c) Means of injury _____

23. Signature C. O. Hilland (M. D. or other) _____
Address Cameron Mo Date signed 4/20/46

PHYSICIAN
Underline the cause to which death should be charged statistically.

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

11519

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.....

John W. Grant
July 11, 1933

Licensed Embalmer No. *2533*

P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his own handwriting. If the above constitutes grounds for revocation of license.)

DISTRICT HEALTH OFFICE
Camden, Mo.
WRITING (to comply with)

If this body is not embalmed, fact should be so stated above.