

S. No. 2  
M-8-43  
5-17-39  
X37823

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **16574**  
Registrar's No. **2350**

**FILED JUN 10 1946**  
Registration District No. **199**

Primary Registration District No. **1002**

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

15456

1. PLACE OF DEATH:  
(a) County **Jackson**  
(b) City or town **Randall Ave.**  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: **Lakeside Hospital**  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution **2 weeks**  
In this community **20 years** (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:  
(a) State **MO** (b) County **Jackson**  
(c) City or town **Randall City**  
(If outside city or town limits, write "RURAL")  
(d) Street No. **3220 Agate**  
(If rural, give location)  
(e) Citizen of foreign country? **no** (Yes or No)  
If yes, name country.

3. (a) PRINT FULL NAME **Charles H. Cameron**

3. (b) If veteran, name war **no** 3. (c) Social Security No. **unknown**

4. Sex **male** 5. Color or race **wh** 6. (a) Single, widowed, married, divorced **married**  
6. (b) Name of husband or wife **Ruth** 6. (c) Age of husband or wife if alive **unk** years

7. Birth date of deceased **Dec. 9-1879**  
(Month) (Day) (Year)

8. AGE: Years **66** Months **5** Days **15** If less than one day hr. min. **0**

9. Birthplace **no**  
(City, town, or county) (State or foreign country)

10. Usual occupation **Railroad Engineer**

11. Industry or business **Railroad**

12. Name **John H. Cameron**

13. Birthplace **no**  
(City, town, or county) (State or foreign country)

14. Maiden name **Sarah V. Reynolds**

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

16. (a) Informant **Gibson A. Cameron**  
(b) Address **St Louis mo**

17. (a) **burial** (b) Date thereof **5-27-46**  
(Burial, cremation, or removal) (Month) (Day) (Year)

18. (a) Signature of funeral director **R. E. Walton**  
(b) Address **R. E. no**

19. (a) **5-27-46** (b) **Steraldine Holmes**  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month **May** day **24** year **1946** hour **8** minute **35 A.M.**

21. I hereby certify that I attended the deceased from **May 1**, 1946, to **May 24**, 1946;  
that I last saw him alive on **May 23**, 1946;  
and that death occurred on the date and hour stated above.  
Immediate cause of death **Respiratory failure**

Due to **Cerebral embolism (m.m.o)**

Due to

Other conditions **Pleurisy with effusion**  
(Include pregnancy within 3 months of death)

Major findings: Of operations **8315**  
Of autopsy **yes, pleurisy & effusion**

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 **[Signature]** (M.D. or other)  
Address **3100 Croft** Date signed **5/27/46**

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

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... *F. L. Walters* .....  
Licensed Embalmer No. *2744* .....  
P. O. Address *H. C. 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.