

**FILED SEP 6 1946** STANDARD CERTIFICATE OF DEATH

State File No. \_\_\_\_\_

Registration District No. 50

Primary Registration District No. 4071

Registrar's No. 37

**1. PLACE OF DEATH**

(a) County Camden  
 (b) City or town Camdenton, Mo  
(If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution: Home 1 Ken Dal  
(If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution \_\_\_\_\_  
(Specify whether years, months or days)  
 In this community life

**2. USUAL RESIDENCE OF DECEASED:**

(a) State Missouri (b) County Camden  
 (c) City or town Camdenton  
(If outside city or town limits, write "RURAL")  
 (d) Street No. Ken Dal  
(If rural, give location)  
 (e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
 If yes, name country \_\_\_\_\_

**3. (a) PRINT FULL NAME**

Billie Madison Percival

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

4. Sex male 5. Color or race whit  
 6. (a) Single, widowed, married, divorced married  
 6. (b) Name of husband or wife CO Keller 6. (c) Age of husband or wife if alive 65 years  
 7. Birth date of deceased Dec 10 1872  
(Month) (Day) (Year)

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

9. Birthplace Miller County, Mo  
(City, town, or county) (State or foreign country)

10. Usual occupation farm + labor

**11. Industry or business**

12. Name Joe Percival  
 13. Birthplace Mo  
(City, town, or county) (State or foreign country)  
 14. Maiden name Martha Hurst  
 15. Birthplace Mo (?)  
(City, town, or county) (State or foreign country)

16. (a) Informant CO Keller Percival  
 (b) Address Camdenton, Mo

17. (a) Burial (b) Date thereof Aug 6 - 1946  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Zion Cemetery

18. (a) Signature of funeral director B. Guhman - Woolver

(b) Address Camdenton, Mo

19. (a) Aug 26 - 1946 (b) Alpha J. Ince  
(Date received local registrar) (Registrar's signature)

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month Aug day 5 year 1946 hour 1 minute 35 A M.

21. I hereby certify that I attended the deceased from Dec 5, 1944, to Aug 5, 1946, that I last saw him alive on Aug 5 and that death occurred on the date and hour stated above.

Immediate cause of death metastatic carcinoma of lung

Due to \_\_\_\_\_  
 Due to \_\_\_\_\_

Other conditions metastatic carcinoma of lung  
(Include pregnancy within 9 months of death)

Major findings of operations \_\_\_\_\_  
 Of autopsy \_\_\_\_\_  
**ADDITIONAL SUPPLEMENTARY INFORMATION REQUESTED**

Duration \_\_\_\_\_

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) \_\_\_\_\_  
 Means of injury 2

23. Signature K. Dale Allenberry (M. D. or other) MD  
 Address Camdenton Mo Date signed 8-24-46

RE

DATE

LISTED

FILED

7

7-46-888

8-30-46

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**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.....

*Philo Bankson Woolery*

Licensed Embalmer No.....

*2488*

P. O. Address.....

*Camden, N.J.*

**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.**

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 26482  
Registrar's No. 37

Registration District No. 50 Primary Registration District No. 4021

1. PLACE OF DEATH:  
(a) County Camden  
(b) City or town Camdenton  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether \_\_\_\_\_)

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

In this community \_\_\_\_\_ years, months or days  
3. (a) PRINT FULL NAME Belle M. Percival  
3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month \_\_\_\_\_ year 1946 hour \_\_\_\_\_ minute \_\_\_\_\_ M.  
21. I hereby certify that I attended the deceased from \_\_\_\_\_ to \_\_\_\_\_, 19\_\_\_\_; that I last saw him \_\_\_\_\_ alive on \_\_\_\_\_, 19\_\_\_\_; and that death occurred on the date and hour stated above. Immediate cause of death \_\_\_\_\_

4. Sex M 5. Color or race W 6. (a) Single, widowed, married, divorced m  
6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

**SUPPLEMENTARY**  
Pulmonary carcinoma 2 mo  
Due to Primary in Prostate  
Due to sigmoid colon  
Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_

8. AGE: Years 73 Months \_\_\_\_\_ Days \_\_\_\_\_ (If less than one day) \_\_\_\_\_ hr. \_\_\_\_\_ min.  
9. Birthplace \_\_\_\_\_ (City, town, or county) \_\_\_\_\_ (State or foreign country)

Major findings: Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_  
Underline the cause to which death should be charged statistically.

10. Usual occupation \_\_\_\_\_  
11. Industry or business \_\_\_\_\_  
12. Name \_\_\_\_\_  
13. Birthplace \_\_\_\_\_ (City, town, or county) \_\_\_\_\_ (State or foreign country)  
14. Maiden name \_\_\_\_\_  
15. Birthplace \_\_\_\_\_ (City, town, or county) \_\_\_\_\_ (State or foreign country)

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? \_\_\_\_\_

16. (a) Informant \_\_\_\_\_  
(b) Address \_\_\_\_\_  
(a) \_\_\_\_\_ (b) Date thereof \_\_\_\_\_ (Month) (Day) (Year)  
(c) Place: burial or cremation \_\_\_\_\_  
18. (a) Signature of funeral director \_\_\_\_\_  
(b) Address \_\_\_\_\_  
19. (a) \_\_\_\_\_ (b) \_\_\_\_\_ (Date received local registrar) (Registrar's signature)

While at work \_\_\_\_\_ (Specify type of place) (c) Means of injury \_\_\_\_\_  
23. Signature J. Statterberg (M. D. or other) DO  
Address Camdenton, Mo Date signed 10-2-46

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

25923

