

FILED SEP 14 1946

Registration District No. 75

Primary Registration District No. 2016

Registrar's No. 74

1. PLACE OF DEATH:

(a) County Clinton
(b) City or town Cameron
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 717 W 3rd St 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community Lifetime
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Clinton MO (b) County Clinton 25
(c) City or town Cameron 1
(If outside city or town limits, write "RURAL")
(d) Street No. 717 W 3rd St 1
(If rural, give location) 0
(e) Citizen of foreign country? NO (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Paulina M. Lewin

3. (b) If veteran, name war 1 3. (c) Social Security No. 1

4. Sex Female 5. Color or race white 6. (a) Single, widowed, married, divorced widow
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased Feb 13 1874
(Month) (Day) (Year)

8. AGE: Years 72 Months 6 Days 14 If less than one day hr. _____ min. _____

9. Birthplace De Kalb Co MO
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business _____

12. Name Joseph Whiteaker
13. Birthplace De Kalb Co MO
(City, town, or county) (State or foreign country)
14. Maiden name Nancy G Moore
15. Birthplace De Kalb Co MO
(City, town, or county) (State or foreign country)

16. (a) Informant Clyd Lewin
(b) Address Cameron

17. (a) Burial (b) Date thereof Aug 29-1946
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Cabors

18. (a) Signature of funeral director Edmond Funeral Home

(b) Address Cameron

19. (a) Aug 28, 1946 (b) Mrs Willie James
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug day 27
year 1946 hour 7:00 minute AM

21. I hereby certify that I attended the deceased from Jan 19
1896 19to Aug 27 1946
that I last saw her alive on Aug 27 1946
and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Arterial Heart Disease Duration 5 yrs.

Due to _____

Due to _____

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

Major findings: Of operations _____ Of autopsy 9921
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? _____

(e) While at work? _____ (Specify type of place) (e) Means of injury 0

23. Signature Justus (M. D. or other) _____

Address Cameron MO Date signed 2 Feb 46

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

25466

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

B. J. Nelson

Licensed Embalmer No. *4421*

P. O. Address. *Cameron, 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.