

FILED JAN 14 1947  
Registration District No. \_\_\_\_\_

Primary Registration District No. 4204

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

Registrar's No. \_\_\_\_\_

1. PLACE OF DEATH:  
(a) County Grundy  
(b) City or town Laredo  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: 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 1 year 5 months years, months or days

2. USUAL RESIDENCE OF DECEASED:  
(a) State Missouri (b) County Grundy 40  
(c) City or town Laredo 0  
(If outside city or town limits, write "RURAL")  
(d) Street No. \_\_\_\_\_ (If rural, give location) 0  
(e) Citizen of foreign country? No. (Yes or No) 0  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME William Fletcher Cameron  
(b) If veteran, name war \_\_\_\_\_  
(c) Social Security No. ✓

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month 12 day 16 of year 1946 hour 11 minute 55 M.  
21. I hereby certify that I attended the deceased from Oct 9th 1946 to 12-16-46  
that I last saw him alive on 12-16-46 and that death occurred on the date and hour stated above.  
Immediate cause of death Serum therapy

4. Sex Male 5. Color or race White  
6. (a) Single, widowed, married, divorced married  
6. (b) Name of husband or wife Loucinda Mayville Cameron  
6. (c) Age of husband or wife if alive 90 years  
7. Birth date of deceased June 7 1852  
(Month) (Day) (Year)

Duration  
Due to Age  
Due to 162 B

8. AGE: Years 94 Months 5 Days 27 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

Other conditions (Include pregnancy within 3 months of death) none  
Major findings: none  
Of operations \_\_\_\_\_  
Of autopsy no

9. Birthplace South Bend Ind.  
(City, town, or county) (State or foreign country)

10. Usual occupation Retired Teacher

11. Industry or business \_\_\_\_\_

12. Name Alexander Cameron

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

14. Maiden name Elizabeth Bourroughs

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

16. (a) Informant Mrs. J. F. Cameron

(b) Address Laredo Missouri

17. (a) Burial (b) Date thereof 12/7/1946  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Stucker Cemetery

18. (a) Signature of funeral director W. Robertson Funeral Home  
(b) Address Laredo Mo.

19. (a) 12-7-46 (b) Frene Jaur  
(Date received local registrar) (Registrar's signature)

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 0

23. Signature C. Thomas (M. D. or other) 0  
Address Dec. 6 - 1946 Laredo Mo. Date signed \_\_\_\_\_

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

39145

115

JAN 14 1947

APR 3 1948

DISTRICT HEALTH OFFICE  
Cameron, Mo.

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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..... *John M Robertson* .....

Licensed Embalmer No..... *4388* .....

P. O. Address..... *Laredo 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.