

No. 2
-12-45
-17-39
X47070

FILED APR 21 1947

Registration District No. 75

Primary Registration District No. 2015

Registrar's No. _____

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
1004 W. Prospect St. 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution no
(Specify whether
In this community Lifelong
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County Clinton 25
(c) City or town Cameron 1
(If outside city or town limits, write "RURAL")
(d) Street No. 1004 W. Prospect 1
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME

Frank M. M. Mumbrey

3. (b) If veteran, name war. No

3. (c) Social Security No. No

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 9
year 1947 hour 1 minute _____ P. M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;
that I last saw h. _____ alive on _____, 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death
Chronic myocarditis and myocardial degeneration
Due to _____

Duration

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

Major findings:
Of operations ASD
Of autopsy _____
PHYSICIAN
Underline the cause to which death should be charged statistically.

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife Rose M. Mumbrey 6. (c) Age of husband or wife if alive 8 years

7. Birth date of deceased Dec. 11, 1872
(Month) (Day) (Year)

8. AGE: Years 74 Months 3 Days 28
If less than one day. _____ hr. _____ min.

9. Birthplace Caldwell Co. Mo. 0
(City, town, or county) (State or foreign country)

10. Usual occupation Retired R.R. section hand

11. Industry or business C.B. & O. R.R. Co.

12. Name Samuel M. Mumbrey 7

13. Birthplace No record
(City, town, or county) (State or foreign country)

14. Maiden name Mary Clark

15. Birthplace Gretna Co. Mo. 0
(City, town, or county) (State or foreign country)

16. (a) Informant Miss James Hatcher

(b) Address Mission Kanson

17. (a) Burial (b) Date thereof April 12-47
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation M. Daniel Bur

18. (a) Signature of funeral director Poland Samuel Hays

(b) Address Cameron

19. (a) _____ (b) Mrs. Keed Day
(Date received local registrar) (Registrar's signature)

22. If death was due to external causes, fill in the following:
(c) Accident, suicide, or homicide (specify) _____
(b) Date of occurrence _____

(c) Where did injury occur? _____ (City or town) (County) (State) (Other) _____
(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____
(Specify type of place) _____

While at work? _____ (e) Means of injury Clinton Co. Coroner.

23. Signature A. D. Templeman
Address Cameron Mo Date signed 4/9/47

bb (Licensed Embalmer's Statement on Reverse Side)

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

**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. *4481*

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.