

FEDERAL SECURITY AGENCY

National Office of Vital Statistics

FILED MAY 8 1948

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No.

Registration District No.

Primary Registration District No.

Registrar's No.

1. PLACE OF DEATH:

- (a) County Douglas
(b) City or town Mansfield Mo Rt 2
(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) 1

- (d) Length of stay: In hospital or institution _____ (Specify whether
years, months or days)

3. (a) PRINT FULL NAME RALPH Eugene Cameron

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

4. Sex M 5. Color or race W 6. (a) Single, widowed, married, divorced Infant
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if
alive _____ years
7. Birth date of deceased Sept 22 1947
(Month) (Day) (Year)

8. AGE: Years _____ Months 6 Days 29 If less than one day
hr. _____ min. _____

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

10. Usual occupation _____

11. Industry or business _____

12. Name Elmer Cameron
13. Birthplace Wright County Mo
(City, town, or county) (State or foreign country)
14. Maiden name Margene Bates
15. Birthplace St Joseph Mo
(City, town, or county) (State or foreign country)

16. (a) Informant Elmer Cameron

(b) Address Mansfield Mo Rt 2

17. (a) Burial (b) Date thereof 4 22 48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Starr Cemetery

18. (a) Signature of funeral director Kelley Ferrell Bergman

(b) Address St Joseph Mo

19. (a) Apr. 26-48 (b) Verbal Burial
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

- (a) State Missouri (b) County Douglas 34
(c) City or town Mansfield Mo Rt 2 0
(If outside city or town limits, write "RURAL") 0
(d) Street No. _____ (If rural, give location) _____
(e) Citizen of foreign country? _____ (Yes or No) _____
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 21
year 1948 hour 1 minute 15 AM.

21. I hereby certify that I attended the deceased from Jan 15 1948 to April 21 1948
that I last saw him alive on April 21 1948
and that death occurred on the date and hour stated above.

Immediate cause of death Bronchial pneumonia Duration 4 days

Due to _____

Due to _____

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations 107
Of autopsy _____

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) (e) Means of injury 2

23. Signature J. R. Lee (M. D. or other) MD
Address St Joseph Mo Date signed 5/2/48

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

2081 6 YAM 1017

RECEIVED

District Health Officer No. 6,

District File Number 548.559

Date Filed MAY 6 1948

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 W. H. Kelley

Licensed Embalmer No. 3334

P. O. Address Fordland, 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.