DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED NOV 23 1948

Registration District No. _____

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 3015

State File No. 35965

Registrar's No. 44

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: CAMERON COMMUNITY HOSPT.
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution: 42 Days. (Specify whether years, months or days)

In this community: 4 YRS.

2. USUAL RESIDENCE OF DECEASED:

(a) State: MISSOURI (b) County: CLINTON

(c) City or town: CAMERON
(If outside city or town limits, write "RURAL")

(d) Street No.: 108 E. FORD.
(If rural, give location)

(e) Citizen of foreign country? NO (Yes or No)

If yes, name country: _____

3. (a) PRINT FULL NAME: PATSY BROWN.

3. (b) If veteran, name war: _____

3. (c) Social Security No.: _____

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: July (Month) 2 (Day) 1884 (Year)

8. AGE: Years 64 Months 4 Days 7 If less than one day: _____ hr. _____ min.

9. Birthplace: PLATTE CO (City, town, or county) MO. (State or foreign country)

10. Usual occupation: HOUSEKEEPER.

11. Industry or business: HOME.

MOTHER FATHER

12. Name: JAMES WM. WALTERS

13. Birthplace: Kentucky (City, town, or county) (State or foreign country)

14. Maiden name: EMMA ANN KIMSEY

15. Birthplace: Dallas (City, town, or county) Texas (State or foreign country)

16. (a) Informant: J. W. BROWN

(b) Address: LATHROP. MO

17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof: NOV. 11. 1948 (Month) (Day) (Year)

(c) Place: burial or cremation: LATHROP MO

18. (a) Signature of funeral director: DeMOSS CRUNK.

(b) Address: CAMERON. MO.

19. (a) NOV. 11, 1948 (Date received local registrar) (b) Winifred W. Moser (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month NOV. day 9 year 1948 hour 11 minute 00 A.M.

21. I hereby certify that I attended the deceased from Oct 29, 1946, to _____, 19__, that I last saw h. alive on 8 Nov, 1948, and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Metastatic carcinoma of spine	3 yrs
Due to: Carcinoma of sigmoid colon	
Due to:	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations: _____
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? (Specify type of place)

While at work? _____ (e) Means of injury: _____

23. Signature: [illegible] (M. D. or other)

Address: Cameron, Mo. Date signed: 11-12-48

(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 Lee Moss Crenk

Licensed Embalmer No. 2533.

P. O. Address Cameron, Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wi the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.