

FILED FEB 15 1943 7

Registration District No. **3023**

Registrar's No. **28**

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

1. PLACE OF DEATH:

(a) County **Henry**

(b) City or town **Clinton**  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:  
**320 N. Water St.**  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution **5-8 years** (Specify whether years, months or days)

In this community **5-8 years**

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Henry**

(c) City or town **Clinton**  
(If outside city or town limits, write "RURAL")

(d) Street No. **320 North Water St.**  
(If rural, give location)

(e) Citizen of foreign country? (Yes or No) **0**  
If yes, name country

3. (a) PRINT FULL NAME **JAMES K. DAMERON**

3. (b) If veteran, name war

3. (c) Social Security No.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **1** day **29**  
year **1943** hour **10:00** minute **A.M.**

21. I hereby certify that I attended the deceased from **Jan 28, 1943**  
to **Jan 29, 1943**  
that I last saw him alive on **Jan 29, 1943**  
and that death occurred on the date and hour stated above.

4. Sex **M**

5. Color or race **White**

6. (a) Single, widowed, married **Widowed**  
divorced **Divorced**

6. (b) Name of husband or wife **Malinda Dameron**

6. (c) Age of husband or wife if alive, years

7. Birth date of deceased **4/10/1855**  
(Month) (Day) (Year)

Immediate cause of death **Lobar Pneumonia due to anglycemia**  
**Demolition of arterial sclerosis**

Due to

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy

8. AGE:

Years	Months	Days	If less than one day
<b>87</b>	<b>9</b>	<b>19</b>	hr. min.

9. Birthplace **Kentucky**  
(City, town, or county) (State or foreign country)

10. Usual occupation **Miner**

11. Industry or business

12. Name **Dameron**

13. Birthplace **Not known**  
(City, town, or county) (State or foreign country)

14. Maiden name **Not known**

15. Birthplace **Not known**  
(City, town, or county) (State or foreign country)

16. (a) Informant **Leke Harvey**

(b) Address **Clinton, Missouri**

17. (a) **Burial** (Burial, cremation, or removal) (b) Date thereof **1/31/43**  
(Month) (Day) (Year)

(c) Place: burial or cremation **Englewood Cem.**

18. (a) Signature of funeral director **Fred C. Wilkinson**

(b) Address **Clinton, Mo.**

19. (a) **Jan. 29, 1943** (Date received local registrar) **Georgia Ritchey** (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? (Specify type of place)

(e) Means of injury

23. Signature **Geo J. Ward** (M.D. or other) **00**  
Address **Clinton, Mo.** Date signed **Jan 29, 1943**

RECEIVED

District Health Office No. 7,

District File Number

1-43134

Date Filed

2-9-43

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

W L WILKINSON, Registered Apprentice No. 341

working under my personal supervision.

Signed

Fred Wilkinson

Licensed Embalmer No.

2478

P. O. Address

Cleaveland, 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.