

No. 2  
1-542  
5-17-39  
X32873

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

25045

State File No. ....

Registrar's No. 145

FILED AUG 9 1943  
Registration District No. 137

Primary Registration District No. 5513

1. PLACE OF DEATH:

(a) County Henry  
(b) City or town Rural Lee'sville  
(c) Name of hospital or institution:  
9 Mi. E of Clinton  
(d) Length of stay: In hospital or institution 12 yrs  
In this community 12 yrs

2. USUAL RESIDENCE OF DECEASED:

(a) County Henry (b) County Henry  
(c) City or town Rural Lee'sville  
(d) Street No. 9 Mi. E of Clinton  
(e) Citizen of foreign country? No

3. (a) PRINT FULL NAME Ellg Gertrude Cameron

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

4. Sex F 5. Color or race W 6. (a) Single, widowed, married, divorced widowed  
6. (b) Name of husband or wife Asa W Cameron 6. (c) Age of husband or wife if alive 23 years  
7. Birth date of deceased 12 23 1886

8. AGE: Years 56 Months 6 Days 18 If less than one day hr. min.

9. Birthplace Clinton Mo

10. Usual occupation Housewife

11. Industry or business

MOTHER FATHER { 12. Name Charles L Martin  
13. Birthplace Indiana  
14. Maiden name Mary Ferguson  
15. Birthplace Henry Co D

16. (a) Informant Cora Cameron

(b) Address Clinton Mo

17. (a) Burial (b) Date thereof 7 16 43

(c) Place: burial or cremation Englewood Cem

18. (a) Signature of funeral director Fred Wilkinson

(b) Address Clinton Mo

19. (a) July 16, 1943 (b) Georgia Kitchen

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 11 year 1943 hour 7 minute 20 P.M.  
21. I hereby certify that I attended the deceased from July 11, 1943 to July 11, 1943  
that I last saw him alive on July 11, 1943 and that death occurred on the date and hour stated above.

Immediate cause of death Heart failure  
secondary pneumonia (L.A.)

Due to .....  
Due to .....  
Other conditions (Include pregnancy within 3 months of death) 108

Major findings: Of operations .....  
Of autopsy .....

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 .....

23. Signature Joseph B Orill (M.D. or other) MD  
Address Clinton, Mo. Date signed 7-17-43

Duration 3 days  
PHYSICIAN  
Underline the cause to which death should be charged statistically.

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

RECEIVED  
District Health Officer No. 7  
District File Number 7-43-796  
Filed 8-6-43

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.....

....., Registered Apprentice No.....

working under my personal supervision.

Signed *Fred Wilkerson*

Licensed Embalmer No. *2478*

P. O. Address *Quincy, 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.