

5. No. 2
4-542
5-17-39
1 X32

FILED SEP 9 1943 7

Registration District No.

Primary Registration District No. 5506

Registrar's No. 170

002
WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County Henry

(b) City or town Clinton R.R. 6 rural
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 1
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution..... (Specify whether)

In this community..... (Specify whether)

years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Henry

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

(d) Street No. R.R. 6
(If rural, give location)

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

If yes, name country 0

3. (a) PRINT FULL NAME Hattie May Cameron

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug 29 day
year 1943 hour 7:40 minute P.M.

21. I hereby certify that I attended the deceased from July 15
19 43 July 29 19 43;
that I last saw her alive on Aug 29 19 43;
and that death occurred on the date and hour stated above.

4. Sex F 5. Color or race w 6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife Archer W 6. (c) Age of husband or wife if alive 63 years

7. Birth date of deceased June 6 1880
(Month) (Day) (Year)

Immediate cause of death Coronary Thrombosis

8. AGE: Years Months Days If less than one day

63 2 23 ..hr. ..min.

Due to Myocardial
auricular fibrillation

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

Due to.....

10. Usual occupation.....

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

MOTHER FATHER

11. Industry or business.....

12. Name Rayard Houston

13. Birthplace Del 1
(City, town, or county) (State or foreign country)

14. Maiden name Katherine Adamson

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

Major findings: 93el

Of operations.....

Of autopsy.....

PHYSICIAN

Underline the cause to which death should be charged statistically.

16. (a) Informant Archer W Cameron

(b) Address Clinton R.R. 6

17. (a) Burial (b) Date thereof 8-31-43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Englewood

18. (a) Signature of funeral director Corasue R. R. 6

(b) Address Clinton Mo

19. (a) Aug 31, 1943 (b) Georgia Kitcher
(Date received local registrar) (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?.....

While at work?..... (Specify type of place)

(e) Means of injury.....

23. Signature Geo S. [unclear] (M. D. or other)

Address Clinton Mo Date signed Aug 29

RECEIVED

District Health Officer No. 7,

District File Number 8-43-885

Date Filed 9-3-43

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 J E Conover
Licensed Embalmer No. 1891
P. O. Address Amherst

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.