

2
17-39
X23159

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED MAR 9 1948

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 4626

Registration District No. 137

Primary Registration District No. 3023

Registrar's No. 54

1. PLACE OF DEATH:
(a) County Henry
(b) City or town Clinton
(c) Name of hospital or institution
604 S. Bodine Ave
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
(Specify whether
In this community _____ years
years, months or days)

3. (a) PRINT FULL NAME James Earl Dameron
3. (b) If veteran, name was Spanish American
3. (c) Social Security None

4. Sex male 5. Color or race white 6. (a) Single, widowed, divorced, married
6. (b) Name of husband or wife Lizzie Dameron 6. (c) Age of husband or wife if 29 years
7. Birth date of deceased Jan 1, 1879
(Month) (Day) (Year)

8. AGE: Years 69 Months 1 Days 4 If less than one day
hr. min.

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

10. Usual occupation Retired

11. Industry or business _____

12. Name James Dameron
13. Birthplace unknown
(City, town, or county) (State or foreign country)
14. Maiden name Martha Treat
15. Birthplace unknown
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs W. Dameron
(b) Address Clinton Mo

17. (a) Burial (b) Date thereof 3-5-48
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Englewood Cem

18. (a) Signature of funeral director Orvalus Peck
(b) Address Clinton Mo

19. (a) 3-4-48 (b) R.R. Kenney
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo (b) County Henry
(c) City or town Clinton
(If outside city or town limits, write "RURAL")
(d) Street No. 604 Bodine
(If rural, give location)
(e) If foreign born, how long in U. S. A.? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 3 day 3
year 1948 hour 6 minute 30 A.M.

21. I hereby certify that I attended the deceased from 9/20 1942 to 3/3 1948
that I last saw him alive on 2/16 1948
and that death occurred on the date and hour stated above.

Immediate cause of death
Coronary Thrombosis 30 min
Frequent attacks of
Angina Pectoris 6 yrs

Due to _____
Other conditions Hydroceph
(Include pregnancy within 3 months of death)

Major findings:
Of operations _____
Of autopsy A4A

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?

23. Signature E. C. Peeler M.D. (Specify type of place) (M. D. or other)
Address Clinton Mo. (b) Means of injury _____
Date signed 3/3/48

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

MOTHER FATHER

RECEIVED

District Health Officer No. 7,

District File Number 2-48-206

Date Filed 3-8-48

8461
MAR 18 1948
JUN 9 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 R R Kenney

Licensed Embalmer No. 3099

P. O. Address Clinton 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.