

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

Rev. 5-17-30
1 x1911

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

DEC 18 1939

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 40033

Registration District No. 431

Primary Registration District No. 3023

Registrar's No. 121

1. PLACE OF DEATH:

(a) County Johnson
(b) City or town Warrensburg
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
(Specify whether years, months or days)

3. (a) PRINT FULL NAME Julia A. Cameron

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 Alexander Cameron 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased Nov 12 1851
(Month) (Day) (Year)

8. AGE: Years 87 Months 11 Days 27 If less than one day _____ hr. _____ min.

9. Birthplace Bowling Green Ky.
(City, town, or county) (State or foreign country)

10. Usual occupation Housekeeper

11. Industry or business _____

12. Name Epoch Covington

13. Birthplace Bowling Green Ky.
(City, town, or county) (State or foreign country)

14. Maiden name Margaret Neal

15. Birthplace Bowling Green Ky.
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature S. P. Sumner

(b) Address Warrensburg, Mo.

17. (a) Burial (b) Date thereof Nov-11-1939
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Sunset Hill

18. (a) Signature of funeral director Sumner - Phillips

(b) Address Warrensburg, Mo.

19. (a) Nov 10 - 39 (b) Earle Gentry
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Johnson
(c) City or town WARRENSBURG
(If outside city or town limits, write "RURAL")
(d) Street No. WEST SOUTH ST.
(If rural, give location)
(e) If foreign born, how long in U. S. A. _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov day 9
year 1939 hour 5 P.M. minute _____ P.M.

21. I hereby certify that I attended the deceased from Nov 7, 1939, to Nov 9, 1939, that I last saw her alive on Nov 9, 1939, and that death occurred on the date and hour stated above.

Immediate cause of death Intestinal Myofibrils
Due to Schistosoma

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

Major findings: Of operations _____
Of autopsy none

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) no
(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 W. G. Gentry (M. D. or other) _____
Address Warrensburg, Mo. Date signed 11-10-39

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

RECEIVED
District Health Officer No. 8,
District File Number
Date Filed 12/19/39

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.....

Earl Priest....., Registered Apprentice No.....
working under my personal supervision.

Signed Earl Priest.....

Licensed Embalmer No. 3878

P. O. Address Warrensburg 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, above space should be left blank.