

Registration District No. 2510

Primary Registration District No. 4356

Registrar's No. \_\_\_\_\_

FILED JUL 25 1938

1. PLACE OF DEATH:

(a) County New Madrid  
(b) City or town Marston, Mo.  
(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 \_\_\_\_\_)

In this community Life years, months or days \_\_\_\_\_

3. (a) PRINT FULL NAME Vincent A. Cambon (C) (AMBROSE)

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

4. Sex M 5. Color or race W 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Mary Cambon 6. (c) Age of husband or wife if alive 64 years

7. Birth date of deceased Feb 4 1865 (Month) (Day) (Year)

8. AGE: Years 74 Months 1 Days 12 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace \_\_\_\_\_ (City, town, or county) (State or foreign country) MO

10. Usual occupation Cape owner

11. Industry or business \_\_\_\_\_

MOTHER FATHER { 12. Name James Cambon

13. Birthplace \_\_\_\_\_ (City, town, or county) (State or foreign country) Mo.

14. Maiden name \_\_\_\_\_ (State or foreign country) Indiana

15. Birthplace \_\_\_\_\_ (City, town, or county) (State or foreign country) Mo.

16. (a) Informant's own signature Claud Cambon

(b) Address Marston, Mo.

17. (a) Burial (b) Date thereof Dec 24 38 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Lilbourn Mo.

18. (a) Signature of funeral director Arden Ellis

(b) Address Libbourn Mo.

19. (a) 6/25/1940 (b) Wm O'Bannon (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County New Madrid

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

(d) Street No. \_\_\_\_\_ (If rural, give location)

(e) If foreign born, how long in U. S. A. \_\_\_\_\_ years.

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month Dec day 22 year 1938 hour \_\_\_\_\_ minute 9 P. M.

21. I hereby certify that I attended the deceased from July 20, 1938, to Dec 22, 1938; that I last saw him alive on Dec 22, 1938; and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of stomach Duration 6 mos.

Due to \_\_\_\_\_  
Due to 4 1/2

Other conditions \_\_\_\_\_ (Include pregnancy within 3 months of death)

Major findings: Of operations \_\_\_\_\_ Of autopsy \_\_\_\_\_ 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? 5 2 2

While at work \_\_\_\_\_ (Specify type of place) (e) Means of injury \_\_\_\_\_

23. Signature Claud M. Roman (M. D. or other)

Address Marston Mo. Date signed \_\_\_\_\_

**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 Dec 22

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

Signed..... Allen Egan

Licensed Embalmer No. 3869

P. O. Address Silcaden

**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.**