

Registration District No. **735**

Primary Registration District No. **3034**

Registrar's No. **14**

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

1. PLACE OF DEATH:

(a) County **Randolph**  
(b) City or town **Moberly**  
(c) Name of hospital or institution: **414 Morehead**  
(d) Length of stay: In hospital or institution \_\_\_\_\_  
In this community \_\_\_\_\_  
years, months or days

3. (a) PRINT FULL NAME **Maggie M. Dameron**

8. (b) If veteran, name war \_\_\_\_\_ 8. (c) Social Security No. \_\_\_\_\_

4. Sex **Female** 5. Color or race **White** 6. (a) Single, widowed, married, divorced **Widowed**

6. (b) Name of husband or wife **Jacob M. Dameron** 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased **Jan 23 1866**  
(Month) (Day) (Year)

8. AGE: Years **74** Months **11** Days **26** If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace **Mo. O**  
(City, town, or county) (State or foreign country)

10. Usual occupation **at home**

MOTHER FATHER

12. Name **David Monroe**

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

14. Maiden name **Nancy J. Smith**

15. Birthplace **1 Ky.**  
(City, town, or county) (State or foreign country)

16. (a) Informant **Mrs Anna Shaban**

(b) Address **Brushbar, Mo**

17. (a) **Removal** (b) Date thereof **Jan. 11-1941**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Brushbar, Mo**

18. (c) Signature of funeral director **Mahan and Son**

(b) Address **Moberly Mo**

19. (a) **1/10/41** (b) **Paul Williams**  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Randolph**  
(c) City or town **Moberly**  
(d) Street No. **414 Morehead**  
(e) If foreign born, how long in U. S. A.? \_\_\_\_\_ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Jan** day **9th** year **1941** hour **9** minute **35** a.m.

21. I hereby certify that I attended the deceased from **Jan 9 41** to **Jan 9 41** that I last saw **her** alive on **Jan 9 1941** and that death occurred on the date and hour stated above.

Immediate cause of death: **Natural but undoubtedly likely acute heart attack**  
Due to **this woman was dying when I saw her**

Other conditions: **200V**  
(Include pregnancy within 3 months of death)

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? \_\_\_\_\_  
(d) Did injury occur in or about home, on farm, in industrial place, in public place? **925**  
While at work? \_\_\_\_\_ (Specify type of place) (e) Means of injury \_\_\_\_\_  
23. Signature **H. C. Griffith** (M. D. or other) \_\_\_\_\_  
Address **Moberly** Date signed **1-10-41**

RECEIVED

District Health Officer No. 10

District File Number 2-41-419

Date Filed FEB 19 1941

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 Frank S. DeWitt

Licensed Embalmer No. 3021

P. O. Address Proberly 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.