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MAILED MAY 26 1941

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

15248

State File No. _____

Registration District No. 591

Primary Registration District No. 4249

Registrar's No. 6

1. PLACE OF DEATH:

(a) County Montgomery

(b) City or town Middleton, 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 16 yrs
years, months or days

3. (a) PRINT FULL NAME Willard Bruce Dameron

3. (b) If veteran, name war ✓

3. (c) Social Security No. ✓

4. Sex M. O

5. Color or race W.

6. (a) Single, widowed, married, divorced Single

6. (b) Name of husband or wife _____

6. (c) Age of husband or wife if alive _____ years
(Day) _____ (Year) _____

7. Birth date of deceased June 23 1911
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>30</u>	<u>3</u>	<u>25</u>	hr. _____ min. _____

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

10. Usual occupation Photographer

11. Industry or business _____

MOTHER FATHER { 12. Name W. A. Dameron

13. Birthplace Dade Co, Mo
(City, town, or county) (State or foreign country)

14. Maiden name Helma Mae Marler

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

16. (a) Informant W. A. Dameron

(b) Address Middleton, Mo

17. (a) Burial (b) Date thereof May 29 41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Middleton, Mo

18. (a) Signature of funeral director Pritchard of Cuba

(b) Address Middleton, Mo

19. (a) May 23 41 (b) Leola Riggs
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Montgomery

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

(d) Street No. Rural (If rural, give location)

(e) If foreign born, how long in U. S. A? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 18th
year 41 hour 7 minute 9 M.

21. I hereby certify that I attended the deceased from 5th May 1941 to May 18 41,
that I last saw him alive on May 17 41 and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of Esophagus

Due to _____

Due to _____

Other conditions 54 P
(Include pregnancy within 3 months of death)

PHYSICIAN

Major findings: _____
Of operations _____

Of autopsy _____

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 # 1 (Specify type of place) _____
While at work? _____ (e) Means of injury _____

23. Signature A. Busch (M. D. or other) Dr
Address Middleton, Mo Date signed 5/20/41

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

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

Clifford C. Kuhne
Licensed Embalmer No. *3059*
P. O. Address *Wellsville*

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.