

No. 2
-1-4-41
5-17-39
X28390

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

34681

State File No. _____

FILLED NOV 14 1941

Registration District No. 204

Primary Registration District No. 30-1-2-2013

Registrar's No. 37

1. PLACE OF DEATH:

(a) County Clinton

(b) City or town Cameron Mo. Eng.
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 710 N. Main
(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, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Clinton 25

(c) City or town Cameron U
(If outside city or town limits, write "RURAL")

(d) Street No. 710 North Main 1
(If rural, give location)

(e) Citizen of foreign country? _____ (Yes or No)

If yes, name country _____

3. (a) PRINT FULL NAME Mary Jane Caley

3. (b) If veteran, name war _____

3. (c) Social Security No. none

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 10
year (1941) hour 9 minute 30 P. M.

21. I hereby certify that I attended the deceased from Oct 2nd, 1941, to Oct 3rd, 1941;
that I last saw her alive on Oct 23rd, 1941;
and that death occurred on the date and hour stated above.

4. Sex Female 5. Color or race white

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

6. (b) Name of husband or wife J. H. Caley, deceased

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

7. Birth date of deceased September 9, 1851
(Month) (Day) (Year)

Immediate cause of death Pulmonary Edema Duration 10 days

Due to Chronic myocarditis Not known

Due to _____

8. AGE: Years Months Days If less than one day

90 1 4 _____ hr. min.

Other conditions Cerebral thrombosis 9 days
(Include pregnancy within 3 months of death)

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

10. Usual occupation Housework

11. Industry or business _____

12. Name Josiah Curtis

13. Birthplace England 4
(State or foreign country)

14. Maiden name Mary Ann Estes

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

16. (a) Informant W. J. Caley

(b) Address Cameron, Mo

17. (a) Burial (b) Date thereof Oct. 12, 1941
(Burial, cremation, or exposure) (Month) (Day) (Year)

(c) Place: burial or cremation Delaware Cph. DeKalb Co.

18. (a) Signature of funeral director [Signature]

(b) Address Cameron, Mo

19. (a) Oct 12 1941 (b) [Signature]
(Date received local registrar) (Registrar's signature)

Major findings: 111 lb

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? _____ (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)

(c) Means of injury [Signature]

23. Signature [Signature] (M. D. or other) DC

Address Cameron, Mo Date signed 10/11/41

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

MOTHER FATHER

185 (Licensed Embalmer's Statement on Reverse Side)

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.....
Licensed Embalmer No. 1180
P. O. Address. Camden, 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.