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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No.

FILED MAY 20 1942

Registration District No. 20-2-302 Primary Registration District No. 6231

Registrar's No. 6

1. PLACE OF DEATH:

(a) County. Gasconade

(b) City or town. Rural Clear-Twp
(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. entire life
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State. Missouri (b) County. Gasconade

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

(d) Street No. south of Bland,
(If rural, give location)

(e) If foreign born, how long in U. S. A.? 0 years.

3. (a) PRINT FULL NAME. Martha Ellen Cambell

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month. April day 30
year 1942 hour 11 minute 400 M.

4. Sex. Female / 5. Color or race. White

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

6. (b) Name of husband or wife. Lee Cambell 6. (c) Age of husband or wife if alive. 21 years

7. Birth date of deceased. July 21 1874
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from 8/3/41 to 4/30/42
that I last saw her alive on 4/25/42
and that death occurred on the date and hour stated above.

8. AGE:	Years	Months	Days	If less than one day
	<u>67</u>	<u>9</u>	<u>10</u> hr. min.

Immediate cause of death
Chronic Myocardial Degeneration - 3 yrs

Due to Chronic Rheumatism 5 yrs

9. Birthplace. Maries county 0 Missouri
(City, town, or county) (State or foreign country)

Other conditions (Include pregnancy within 3 months of death)

10. Usual occupation. House-wife

PHYSICIAN

11. Industry or business

12. Name. John Stockton

Major findings: Of operations. 59c

13. Birthplace. Maries county 0 Missouri
(City, town, or county) (State or foreign country)

14. Maiden name. Elizabeth Thompson

15. Birthplace. Maries County 0 Missouri
(City, town, or county) (State or foreign country)

Underline the cause to which death should be charged statistically.

16. (a) Informant. Mr. Wayne Cambell

(b) Address. Bland, Mo.

17. (a) Burial (b) Date thereof. May - 31 1942
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation. Grove Dale

18. (a) Signature of funeral director. Sassmann's Funeral Service
(b) Address. Bland, Mo.

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? 0

19. (a) May 4 1942 (b) Alice Fack
(Date received local registrar) (Registrar's signature)

23. Signature. B. H. Schenck
Address. Belle, Mo. Date signed. 5/1/42

849 (Licensed Embalmer's Statement on Reverse Side)

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

37
0
0

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 *Chester S. Searman*.....

Licensed Embalmer No. *4178*.....

P. O. Address *B/2nd*.....

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.