

1. PLACE OF DEATH:

(a) County Andrew  
(b) City or town Amazonia  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: 1  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution.....  
(Specify whether  
In this community 50 yrs  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Andrew  
(c) City or town Amazonia  
(If outside city or town limits, write "RURAL")  
(d) Street No.....  
(If rural, give location)  
(e) Citizen of foreign country? no 0 (Yes or No)  
If yes, name country.....

3. (a) PRINT FULL NAME William Orville Cameron

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

4. Sex m 5. Color or race w 6. (a) Single, widowed, married, 2 divorced, widowed

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

7. Birth date of deceased Nov 26 - 1878  
(Month) (Day) (Year)

8. AGE: Years 63 Months 5 Days 10 If less than one day hr. min.

9. Birthplace Stewart Iowa  
(City, town, or county) (State or foreign country)

10. Usual occupation Common Laborer

11. Industry or business.....

12. Name Hugh Cameron

13. Birthplace Stewart Iowa  
(City, town, or county) (State or foreign country)

14. Maiden name Unknown

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

16. (a) Informant Thomas C. Cameron

(b) Address Amazonia

17. (a) B (b) Date thereof 6-7-1942  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Fillmore

18. (a) Signature of funeral director E. C. Breit

(b) Address Savannah, Mo.

19. (a) 6-7-42 (b) F. N. Fitchman  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 6 day 6  
year 1942 hour 6 minute 20 A. M.

21. I hereby certify that I attended the deceased from June 5<sup>th</sup>  
1942 to June 6<sup>th</sup> 1942  
that I last saw him alive on June 5<sup>th</sup> 1942  
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary sclerosis 5 yrs.

Due to.....

Due to.....

Other conditions 97  
(Include pregnancy within 3 months of death)

Major findings:  
Of operations.....  
Of autopsy.....

Duration  
5 yrs.  
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?

While at work?..... (Specify type of place)  
(e) Means of injury.....

23. Signature J. P. Miller (M. D. or 0)  
Address Savannah, Mo. Date signed 6/8/42

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

200

P.

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**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..... *E. C. Breit* .....

Licensed Embalmer No. *2650* .....

P. O. Address *Savannah Ga.* .....

**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.**