

Registration District No. 75

Primary Registration District No. 2015

1. PLACE OF DEATH:

(a) County Clinton
(b) City or town Cameron
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: nnnn
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution inn (Specify whether
In this community _____
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Clinton
(c) City or town Cameron (If outside city or town limits, write "RURAL")
(d) Street No. 604 East 3rd. (If rural, give location)
(e) Citizen of foreign country? NO (Yes or No)
If yes, name country XXXXX

3. (a) PRINT FULL NAME Mary I. Thomas

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

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

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

7. Birth date of deceased: September (Month) 7 (Day) 1859 (Year)

8. AGE: Years 84 Months 4 Days 24 If less than one day _____ hr. _____ min.

9. Birthplace: DeKalb Co. (City, town, or county) Mo (State or foreign country)

10. Usual occupation Housework in home

11. Industry or business _____

12. Name James Roper

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

14. Maiden name Mary Kellar

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

16. (a) Informant Nellie Hansen (b) Address Cameron, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 2-3-1944 (Month) (Day) (Year)

(c) Place: burial or cremation xxxxxx Kidder Cem. Caldwell Co. Mo.

18. (a) Signature of funeral director W Moore (b) Address Cameron, Mo.

19. (a) Feb. 3, 1944 (Date received local registrar) (b) Mrs. Kathleen Harris (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 1st year 1944 hour 4 minute 45 P.M.

21. I hereby certify that I attended the deceased from Feb 15-1944 to Feb 1-1944

that I last saw her alive on Feb 1-1944 and that death occurred on the date and hour stated above

Immediate cause of death Anginal Pectoris post

Due to _____

Due to _____

Other conditions Hypertension (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? _____ (City or town) (County) (State) (d) Did injury occur in or about home, on farm, in industrial place, in public place? MO.

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

23. Signature A. O. Greliland (M. D. or other) MD Address Cameron, MO Date signed 2/2/44

PHYSICIAN
Underline the cause to which death should be charged statistically.

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

25
1
1

MOTHER FATHER

1086

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. Cameron 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.