

No. 2  
8-43  
17-39  
X37823

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS  
**FILED DEC 31 1946**

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **43172**

Registration District No. **322**

Primary Registration District No. **3071**

Registrar's No. \_\_\_\_\_

**1. PLACE OF DEATH:**  
 (a) County Saline  
 (b) City or town Slater  
 (If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution:  
104 West Harold St  
 (If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether  
 years, months or days) 45 years

**3. (a) PRINT FULL NAME** Lorna Cate Cameron

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

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

6. (b) Name of husband or wife Richard Cameron 6. (c) Age of husband or wife if alive 85 years

7. Birth date of deceased April 2 - 1861  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>85</u>	<u>8</u>	<u>3</u>	hr. _____ min. _____

9. Birthplace Near Slater, Saline Co Mo  
(City, town, or county) (State or foreign country)

10. Usual occupation House wife

11. Industry or business \_\_\_\_\_

12. Name Lilypop Lake Howard Cameron

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

14. Maiden name Nancy Horton

15. Birthplace Near Arrow Rock Mo  
(City, town, or county) (State or foreign country)

16. (a) Informant Miss Mary Cameron

(b) Address Slater Mo

17. (a) Burial (b) Date thereof Dec-7-46  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Slater City Cemetery Jones & Salger

18. (a) Signature of funeral director Slater Mo

(b) Address \_\_\_\_\_

19. (a) Dec 4 1946 (b) McEarl C. Metz  
(Date received local registrar) (Registrar's signature)

**2. USUAL RESIDENCE OF DECEASED:**  
 (a) State Mo (b) County Saline  
 (c) City or town Slater Mo  
 (If outside city or town limits, write "RURAL")  
 (d) Street No. 104 West Harold  
 (If rural, give location)  
 (e) Citizen of foreign country? no (Yes or No)  
 If yes, name country \_\_\_\_\_

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month Dec day 5<sup>th</sup>  
year 1946 hour 7 minute 5 M.

21. I hereby certify that I attended the deceased from Sept 1946 to Dec 5 1946  
that I last saw her alive on Dec 4 1946  
and that death occurred on the date and hour stated above.

Immediate cause of death Cancer of Colon  
Due to \_\_\_\_\_

Due to \_\_\_\_\_  
Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_  
Major findings: 46E

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) (e) Means of injury \_\_\_\_\_

23. Signature Dr. McE. Burney (M.D. or other) \_\_\_\_\_  
Address Slater, Mo Date signed 12/6/46

Duration 2 yr.

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

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

RECEIVED

District Health Officer No. 8,

District File Number.....

Date Filed 12-30-46.....

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 James E. Jones  
Licensed Embalmer No. 3143  
P. O. Address Slater 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.