

S. No. 2
OM-843
v. 5-17-39
I X37823

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED SEP 3 1947
43

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **26939**
Registrar's No. **310**

Registration District No. _____ Primary Registration District No. **5142**

1. PLACE OF DEATH:-
(a) County **Butler**
(b) City or town **rural Harviell**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution
3 miles west of Harviell
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **Nearly 1 w.p.**
(Specify whether
In this community **40 years**
years, months or days)

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

3. (a) PRINT FULL NAME **Emiel Uylisis Cambron**
3. (b) If veteran, name war **no** 3. (c) Social Security No. **none**

4. Sex **male** 5. Color or race **white** 6. (a) Single, widowed, married, divorced **married**
6. (b) Name of husband or wife **Mary Cambron** 6. (c) Age of husband or wife if alive **77** years
7. Birth date of deceased **June 15 1863**
(Month) (Day) (Year)

8. AGE: Years **84** Months **1** Days **5** If less than one day
hr. _____ min. _____

9. Birthplace **Perry Co Mo.**
(City, town, or county) (State or foreign country)

10. Usual occupation **Farmer**

11. Industry or business _____

12. Name **James Cambron**

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

14. Maiden name **Mary Thompson**
(City, town, or county) (State or foreign country)

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

16. (a) Informant **Mary Cambron**

(b) Address **Harviell, Mo.**

17. (a) **Burial** (b) Date thereof **July 22/47**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Kinzie Ceme.**

18. (a) Signature of funeral director **Minnie Gish**

(b) Address **Naylor, Mo.**

19. (a) **8/22/47** (b) **Pat Minnie**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **July** day **20**
1947 hour **6** minute _____ P. M.

21. I hereby certify that I attended the deceased from **June 17**
1947 to **July 20 1947**
that I last saw him alive on **July 17 1947**
and that death occurred on the date and hour stated above.

Immediate cause of death **apoplexy** Duration _____

Due to **Cardiac failure**

Due to **Cardiac decompression**

Other conditions. (Include pregnancy within 3 months of death) _____

Major findings: Of operations _____

Of autopsy **95C**

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 **Pat Minnie** (M. D. or other) _____

Address **Poplar Bluff, Mo.** Date signed _____

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

12
8

RECEIVED

District Health Office No. 2,

District File Number 847-116

Date Filed 8-22-41

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.....

Carlos Taylor No. #60, Registered Apprentice No. *266*
working under my personal supervision.

Signed *Dwight Reed*

Licensed Embalmer No. *4079*

P. O. Address *Taylor*

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.