

FILED AUG 23 1947

Registration District No. 251

Primary Registration District No. 4372

Registrar's No. 178

1. PLACE OF DEATH:

(a) County Nodaway
(b) City or town Burlington Jct
(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 _____ (Specify whether)
In this community 1 year years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Nodaway 74
(c) City or town Burlington Jct 0
(If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location) 0
(e) Citizen of foreign country? _____ (Yes or No) 0
If yes, name country _____

3. (a) PRINT Delano Franklin Cameron
FULL NAME

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

4. Sex M 5. Color or race W 6. (a) Single, widowed, married, divorced married

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

7. Birth date of deceased Nov 7 1864
(Month) (Day) (Year)

8. AGE: Years 62 Months 9 Days 3 If less than one day hr. _____ min. _____

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

10. Usual occupation Telephone Lineman

11. Industry or business Bell Tel Co

12. Name John Cameron 9

13. Birthplace Unknown (City, town, or county) (State or foreign country) 9

14. Maiden name Mertha Proctor (City, town, or county) (State or foreign country) 9

15. Birthplace Unknown (City, town, or county) (State or foreign country) 9

16. (a) Informant Robert Cameron

(b) Address Burlington Jct Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Aug 13 1947 (Month) (Day) (Year)

(c) Place: burial or cremation Burlington Jct Mo

18. (a) Signature of funeral director [Signature] (b) Address Burlington Jct, Mo

19. (a) 2-14-47 (Date received local registrar) (b) [Signature] (Registrar's signature) (c) _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug day 10th year 1947 hour about 2 minute 0 P. M. 0
21. I hereby certify that I attended the deceased from not attended _____, 19____, to _____, 19____; that I last saw him alive on not seen _____, 19____; and that death occurred on the date and hour stated above.

Immediate cause of death: Coronary occlusion
Probable
Due to found dead in his
home

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

Major findings: Of operations none

Of autopsy none

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? _____

(Specify type of place) _____ (e) Means of injury 0

23. Signature L. E. Dean-Coroner (M. D. or other) MD
Address Maryville Mo Date signed 8-12-47

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

4
0
0

**DISTRICT HEALTH OFFICE
Cameron, Mo.**

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. *2965*

P. O. Address *Coul J. F. 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.