No. 300
10.48

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

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED JUL 5 1952

State File No. 20377

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1602 Registrar's No. 2884

1. PLACE OF DEATH
a. COUNTY: Jackson
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Kansas City
c. LENGTH OF STAY (In this place): 69 yrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Josephs Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Jackson
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Kansas City
d. STREET ADDRESS (If rural, give location): 2411 Indiana

3368

3. NAME OF DECEASED (Type or Print)
a. (First): Mary
b. (Middle): S.
c. (Last): Cameron

4. DATE OF DEATH (Month): 6 (Day): 24 (Year): 52

5. SEX: Fe
6. COLOR OR RACE: W
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed
8. DATE OF BIRTH: 7-15-~~1883~~ 1882
9. AGE (In years last birthday): 69 — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY: Home
11. BIRTHPLACE (State or foreign country): Kansas City, Mo.
12. CITIZEN OF WHAT COUNTRY?: USA.

13a. FATHER'S NAME: John G. Rau
13b. MOTHER'S MAIDEN NAME: Magdilina Ziegler
14. NAME OF HUSBAND OR WIFE: ~~Chester~~ Charles B. Cameron

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: None
17. INFORMANT'S SIGNATURE OR NAME: John B. Cameron — **ADDRESS**: 2411 Indiana KCMO.

18. CAUSE OF DEATH — **MEDICAL CERTIFICATION**

Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Felty's syndrome — INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) Rheumatoid arthritis

~~DUE TO (c)~~ Cerebral atrophy — 7 to 20

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☒ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.*

23a. SIGNATURE Russell W. Kerr MD (Degree or title) — Pathologist
23b. ADDRESS: St. Joseph Hosp., Kansas City, Mo.
23c. DATE SIGNED: 6-24-52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 6-26-52
24c. NAME OF CEMETERY OR CREMATORY: Calvary
24d. LOCATION (City, town, or county) (State): Kansas City Mo.

DATE REC'D BY LOCAL REG.: 6-25-52
REGISTRAR'S SIGNATURE: Geraldine Holmes
25. FUNERAL DIRECTOR'S SIGNATURE — **ADDRESS**: Mellody-McGilley-Eylar KCMO.

(Licensed Embalmer's Statement on Reverse Side)

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 .....

..... Student Embalmer No. .....

working under my personal supervision.

Student .....
Student Embalmer

Signed .....

Licensed Embalmer No. .....

P. O. Address .....

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.

The Division of Health of Missouri
BUREAU OF VITAL STATISTICS

State File No. 20377-52

State of Missouri
County of Jackson } ss.

AFFIDAVIT FOR CORRECTION OF A RECORD Local Registrar's No. 2884

On this 2nd day of February, 1956, before me appears John B. Cameron, who, upon his oath, states that the original record of ~~birth~~ death for Mary S. Cameron, died ~~born~~ June 24, 1952, in the State of Kansas, and which was filed at ~~Jefferson~~ Jefferson City, Missouri on 6-25, 1952, should be corrected as follows:

Item No. 14 should read Charles B. Cameron
Instead of Chester B. Cameron

Item No. 17 should read John B. Cameron
Instead of John R. Cameron

Item No. ____ should read ____
Instead of ____

Item No. ____ should read Foreign Death
Instead of 1948

Item No. ____ should read Father's name ch'd. by ~~entry~~ card filed in this office
Instead of ____

Item No. ____ should read ____
Instead of ____

Item No. ____ should read ____
Instead of ____

Item No. ____ should read ____
Instead of ____

The above is true to the best of my knowledge, information and belief.

(SEAL)

Affiant John B. Cameron Son
Relationship.

24 H Indiana, Kansas City 27, Mo.
Present Address.

Subscribed and sworn to before me this 2nd day of February, 1956

My Commission expires August 24, 1956 Bessie W. Smith Notary Public.

1. Affidavits containing erasures will not be accepted; draw one line through error and write above.
2. An item already amended once by affidavit cannot be amended again by affidavit.
3. A surname is changed by court order or by adoption or legitimation procedures.

V. S. 460

S-20377