No. 2.
-1/47
5-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED APR 20 1948
Registration District No. 1

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH
DELAYED 5404

Delayed
State File No. 17688-A
Primary Registration District No.
Registrar's No.

1. PLACE OF DEATH:
(a) County Douglas
(b) City or town Ava, rural Findley
(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
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo (b) County Douglas
(c) City or town Ava, 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 Florence Camp
3. (b) If veteran, name war U
3. (c) Social Security No. 0

4. Sex F
5. Color or race W
6. (a) Single, widowed, married, divorced M
6. (b) Name of husband or wife Homer Camp
6. (c) Age of husband or wife if alive 35 years
7. Birth date of deceased (Month) (Day) (Year)

8. AGE: Years 36 | Months 7 | Days 11 | If less than one day hr. min.

9. Birthplace Wright Co. Mo. (City, town, or county) (State or foreign country)
10. Usual occupation Housewife
11. Industry or business

MOTHER FATHER
12. Name David Conway Connelley
13. Birthplace N.Y. (City, town, or county) (State or foreign country)
14. Maiden name Betty Jordan
15. Birthplace Wright Co. Mo (City, town, or county) (State or foreign country)

16. (a) Informant Homer Camp
(b) Address Ava, Mo Rt 1
17. (a) Buried (Burial, cremation, or removal) (b) Date thereof June 20 1925 (Month) (Day) (Year)
(c) Place: burial or cremation Briggs Cem.
18. (a) Signature of funeral director Neighbors
(b) Address
19. (a) Apr. 13-49 (Date received local registrar) (b) Vestal Bradshaw (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 19
year 1925 hour 6 A minute P.M.

21. I hereby certify that I attended the deceased from June 18 1925 to June 19 1925 in consultation with Dr. J. D. Ferguson; deceased 19 to 19; that I last saw h alive on June 19 1925 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Paralysis	
Due to: Apoplexy	
Due to:	
Other conditions (Include pregnancy within 3 months of death):	
Major findings of operations:	
Of autopsy:	

PHYSICIAN
Underline the cause of 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? (Specify type of place)
While at work (e) Means of injury

23. Signature R M Norman M.D. (M. D. or other) M.D.
Address Ava Mo Date signed April 14 1949

Jefferson City Printing Co.
(Licensed Embalmer's Statement on Reverse Side)

APR 21 1949

11 1 34

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.....

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.