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7-39  
K21492

Registration District No. **399**

Primary Registration District No. **1002**

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

**1. PLACE OF DEATH**

(a) County Jackson  
(b) City or town Kansas City  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: 5301 Harrison **2**  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution no.  
(Specify whether  
In this community 75 years.  
years, months or days)

**2. USUAL RESIDENCE OF DECEASED:**

(a) State Missouri (b) County Jackson  
Kansas City  
(c) City or town Kansas City  
(If outside city or town limits, write "RURAL")  
(d) Street No. 5301 Harrison  
(If rural, give location)  
(e) If foreign born, how long in U. S. A.? no. years.

3. (a) PRINT FULL NAME Mrs. Annie M. Camp  
Mrs. Annie M. Camp

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

4. Sex Female 5. Color or race white  
6. (a) Single, widowed, married, divorced widowed  
6. (b) Name of husband or wife Annie M. Camp  
6. (c) Age of husband or wife if alive dec. years  
7. Birth date of deceased may 11 1846  
(Month) (Day) (Year)

8. AGE: Years 94 Months 7 Days 20 If less than one day hr. min.

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

10. Usual occupation at home

11. Industry or business

MOTHER FATHER  
12. Name Enoch O. Tibbs  
13. Birthplace new York (City, town, or county) (State or foreign country)  
14. Maiden name Martha  
15. Birthplace new York (City, town, or county) (State or foreign country)

16. (a) Informant William A. Howell

(b) Address 5301 Harrison KC Mo.

17. (a) Burial (b) Date thereof 1-2-1947  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Union Cemetery

18. (a) Signature of funeral director Stone and McClure

(b) Address 3235 Bellham Plaza KC Mo.

19. (a) 12-31-40 (b) M. M. Brown  
(Date received local registrar) (Registrar's signature)

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month Dec. day 31st.  
year 1940 hour 8:45 minute A. M.

21. I hereby certify that I attended the deceased from May, 1938 to Dec 31, 1940  
that I last saw her alive on Dec 31, 1940  
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Thrombosis Duration 17 hrs  
Due to Atherosclerosis  
Due to Senility 94

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations  
Of autopsy

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?  
(Specify type of place) (e) Means of injury

23. Signature Prof. R. S. Danaher (M. D. or other)

Address 820 Professor Danaher Date signed 1/1/41

Dr. P. C. Mc Clathran  
St. Ann's  
Prof Bldg.

**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 Felix Remy

Licensed Embalmer No. 4127

P. O. Address Kansas City, 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, above space should be left blank.**