

No. 2
4-13-40
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

29204

State File No. _____

FILED SEP 16 1941

Registration District No. 954

Primary Registration District No. 5979^a

Registrar's No. 3

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

1. PLACE OF DEATH: Reynolds
 (a) County Reynolds
 (b) City or town Bunker, Camden, Mo.
 (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 50 years
 years, months or days

3. (a) PRINT FULL NAME Lue Parker Camden
 (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex F 5. Color or race W 6. (a) Single, widowed, married, divorced M
 6. (b) Name of husband or wife Benjamin K. Camden 6. (c) Age of husband or wife if alive 76 years
 7. Birth date of deceased 5-13-1874
 (Month) (Day) (Year)

8. AGE: Years 66 Months 11 Days 18 If less than one day hr. _____ min. _____

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

10. Usual occupation Housewife

11. Industry or business _____

12. Name Jess Morton

13. Birthplace Mo. (City, town, or county) _____ (State or foreign country) _____

14. Maiden name Elizabeth

15. Birthplace Mo. (City, town, or county) _____ (State or foreign country) _____

16. (a) Informant Estelle Wilkins

(b) Address Bunker, Mo.

17. (a) Burial (b) Date thereof 5-2-41
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Bunker

18. (a) Signature of funeral director Walter H. Brantner

(b) Address Salem, Mo.

19. (a) May 2 1941 (b) W. H. Peck
 (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
 (a) State Mo. (b) County Reynolds
 (c) City or town Bunker
 (If outside city or town limits, write "RURAL")
 (d) Street No. _____ (If rural, give location) _____
 (e) If foreign born, how long in U. S. A.? _____ years.

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month April day 30
 year 1941 hour 9:00 P.M. minute _____ M.
 21. I hereby certify that I attended the deceased from _____
 _____, 19____, to _____, 19____;

that I last saw him _____ alive on _____, 19____,
 and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Thrombosis

Due to _____

Due to gila

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

Major findings: Of operations _____

Of autopsy _____

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 L. L. Henson (M. D. or other) _____
 Address Bunker Date signed 5-1-41

Duration _____
 PHYSICIAN _____
 Underline the cause to which death should be charged statistically.

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.....

Max L. Warfel

Licensed Embalmer No.....

4170

P. O. Address.....

Salem, 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.