

DEPARTMENT OF COMMERCE

BUREAU OF THE CENSUS

FILED SEP 1 1942

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

27054

State File No.

Registrar's No. 24

Registration District No. 101

Primary Registration District No. 5404

1. PLACE OF DEATH:

(a) County Douglas
(b) City or town Ava Finley
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 1
(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)

3. (a) PRINT FULL NAME Virginia Josephine Camp

3. (b) If veteran, name war..... 3. (c) Social Security No. None

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced, Widowed
6. (b) Name of husband or wife George W. Camp 6. (c) Age of husband or wife if alive..... years
7. Birth date of deceased November 7 1858
(Month) (Day) (Year)

8. AGE: Years 83 Months 8 Days 7 If less than one day
..... hr. min.

9. Birthplace Polk County Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business.....

MOTHER FATHER { 12. Name Hiram Hopkins
13. Birthplace N. C.
(City, town, or county) (State or foreign country)
14. Maiden name Elizabeth Williams
15. Birthplace Unknown
(City, town, or county) (State or foreign country)

16. (a) Informant Chas Camp
(b) Address Route 1, Ava, Missouri

17. (a) Burial (b) Date thereof 7-15-42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Brixy

18. (a) Signature of funeral director Clinkingbeard Funeral Home
(b) Address Ava, Missouri

19. (a) 9-5-42 (b) Helma S. Waters
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Douglas
(c) City or town Ava Rural
(If outside city or town limits, write "RURAL")
(d) Street No. Route 1
(If rural, give location)
(e) Citizen of foreign country?..... (Yes or No)
If yes, name country.....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 14
year 1942 hour 1 minute 45 P. M.

21. I hereby certify that I attended the deceased from Mrs. 1st 4th
1942 to July 14 1942
that I last saw her alive on July 13 1942
and that death occurred on the date and hour stated above.

Immediate cause of death Myocardial Infarction Duration

Due to.....

Due to.....

Other conditions (Include pregnancy within 3 months of death) 928

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?

23. Signature J. P. Hensley (Specify type of place) (c) Means of injury Heart
(M. D. or other).....

Address Ava, Mo Date signed 7-21-42

(Licensed Embalmer's Statement on Reverse Side)

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

1056

Dr. J. F. Gentry

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.....

W. B. Hutchinson

Licensed Embalmer No. *3481*

P. O. Address.....

W. B. Hutchinson

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.