U. S. No. 2
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Rev. 5-17-39
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

32998

State File No.

FILED OCT 24 1942 449

Registration District No. 449 Primary Registration District No. 1002 Registrar's No. 3831

1. PLACE OF DEATH:

(a) County Jackson

(b) City or town Kansas City Mo (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: North East Hosp 0 (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 3 hours (Specify whether In this community 30 years years, months or days)

2. USUAL RESIDENCE OF DECEASED: 48

(a) State Missouri (b) County Jackson 0

(c) City or town Sibley Mo. (If outside city or town limits, write "RURAL") 0

(d) Street No. Rural Route No 1 (If rural, give location)

(e) Citizen of foreign country? No (Yes or No)

If yes, name country /

3. (a) PRINT FULL NAME Mary Jane Van Camp

3. (b) If veteran, name war no

3. (c) Social Security No. none

4. Sex Female

5. Color or race White /

6. (a) Single, widowed, married, divorced Widow 2

6. (b) Name of husband or wife John Van Camp

6. (c) Age of husband or wife if alive Deceased years

7. Birth date of deceased May (Month) 15th, (Day) 1868 (Year)

8. AGE: Years 74 Months 5 Days 0 If less than one day hr. min.

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

10. Usual occupation House wife

11. Industry or business Home

FATHER
12. Name Alexander Crawford
13. Birthplace Ill. / (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Kathy Swartz
15. Birthplace Ill. / (City, town, or county) (State or foreign country)

16. (a) Informant Mrs Blanche Borgman

(b) Address Sibley Mo.

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

(c) Place: burial or cremation Mt. Hope Cem

18. (a) Signature of funeral director Rose & Henderson

(b) Address Kansas City Missouri

19. (a) 10-17-42 (Date received local registrar) (b) M M. Crowe (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day 15th, year 1942 hour 7 minute 10 P.M.

21. I hereby certify that I attended the deceased from Crowe, 19 to , 19 ; that I last saw h alive on , 19 ; and that death occurred on the date and hour stated above.

Immediate cause of death 30 Burns of entire body

Due to Clothing Caught fire when putting Coal oil on flame.

Due to (House did not burn).

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations 181 15

Of autopsy See above

Duration

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) Accident 048

(b) Date of occurrence 10/15/42

(c) Where did injury occur? Sibley Mo (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? Home (Specify type of place)

While at work? Yes (e) Means of injury

23. Signature [illegible] B (M. D. or other) 10/17/42

Address [illegible] Date signed

361

(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.....

....., 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.