

FILED FEB 27 1943
 Registration District No. 799

Primary Registration District No. 1002

Registrar's No. 733

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:
636 Prospect
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____
(Specify whether years, months or days)
 In this community 18 Yrs.

2. USUAL RESIDENCE OF DECEASED:
 (a) State Mo. (b) County Jackson
 (c) City or town Fairmount
(If outside city or town limits, write "RURAL")
 (d) Street No. 138 South Ash
(If rural, give location)
 (e) Citizen of foreign country? _____
(Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME Cyrus Z. Camp

3. (b) If veteran, No. _____ name war _____
 3. (c) Social Security No. 487-09-614

4. Sex Male 5. Color or race White
 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Anna Camp
 6. (c) Age of husband or wife if alive 71 years

7. Birth date of deceased June 28 1879
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>63</u>	<u>7</u>	<u>13</u>	_____ hr. _____ min.

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

10. Usual occupation Bookkeeper

11. Industry or business _____

MOTHER FATHER { 12. Name No record

13. Birthplace No record
(City, town, or county) (State or foreign country)

14. Maiden name No record

15. Birthplace No record
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Anna Camp

(b) Address 138 South Ash

17. (a) Burial (b) Date thereof 2-13-43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mt. Washington

18. (a) Signature of funeral director Mrs. C. L. Forster
 (b) Address 918 Brooklyn

19. (a) 2-12-43 (b) M. M. Crowe
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 2 day 11
 year 1943 hour 11:50 minutes a. M.

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

Immediate cause of death Rupture of the right coronary artery
myocardial infarction

Due to 94a

Due to _____

Other conditions (Include pregnancy within 3 months of death)

Major findings:
 Of operations _____

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) _____

(b) Date of occurrence _____

(c) Where did injury occur? _____
(City or town) (Country) (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 C. L. Forster (M. D. or other) _____

Address R.C. no. 3 Date signed 2/11/43

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 Theron D. Redmon

Licensed Embalmer No. 2737

P. O. Address A.C. me.

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.