

FILED MAR 12 1943

Registration District No. ....

Primary Registration District No. 5983

Registrar's No. 26

1. PLACE OF DEATH:

(a) County Pulaski  
(b) City or town Leonardwood  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: 1 within home  
(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 CALLISTIA ADELIA CAMP

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

4. Sex F 5. Color or race W 6. (a) Single, widowed, married, divorced, Married  
6. (b) Name of husband or wife Don Camp 6. (c) Age of husband or wife if alive ..... years  
7. Birth date of deceased July 3 1867  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
75 7 4 hr. min.

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

10. Usual occupation Housewife

11. Industry or business

12. Name John Lindsay

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

14. Maiden name Harnet Barnes

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

16. (a) Informant Don Camp

(b) Address Long Lane Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Feb 10 1943  
(Month) (Day) (Year)

(c) Place: burial or cremation Camp Cemetery Leonardwood

18. (a) Signature of funeral director W. C. Holman

(b) Address Lebanon Mo.

19. (a) 2-9-1943 (Date received local registrar) (b) Chas M. Woods (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 7 year 1943 hour 5 minute P.M.

21. I hereby certify that I attended the deceased from Nov 1942 to Feb 1943  
that I last saw her alive on Feb 7, 1943;  
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral hemorrhage

Due to ..... 1

Due to ..... 830

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 Dr. F. B. Sellings (M. D. or other) Do.

Address Deloit Hospital Date signed 2-9-43

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

85  
0  
0

RECEIVED

Pulaski County Health Officer

File Number 3-43-26

Date Filed 3-9-43

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 Dorsey M. Howe

Licensed Embalmer No. 4222

P. O. Address Lebanon, 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.