

LED JUN 11 1943

Registration District No.

Primary Registration District No.

1. PLACE OF DEATH: **Carter County**
(a) County **Van Buren Mo.**
(b) City or town
(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
In this community **50 Yrs.**
years, months or days

3. (a) PRINT FULL NAME **Henry C. Camden**
3. (b) If veteran, name war
3. (c) Social Security No.

4. Sex **M** 5. Color or race **W**
6. (a) Single, widowed, married, divorced **Widowed**
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive, years
7. Birth date of deceased **Nov. 2 1875**
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
67 5 28 hr. min.

9. Birthplace **Reynolds Co. Mo.**
(City, town, or county) (State or foreign country)

10. Usual occupation **Laborer**

11. Industry or business

MOTHER FATHER { 12. Name **Melton Camden**
13. Birthplace **Kentucky**
(City, town, or county) (State or foreign country)
14. Maiden name **Mary Smith**
15. Birthplace **Kentucky**
(City, town, or county) (State or foreign country)

16. (a) Informant **Tyman Bowen**
(b) Address **Van Buren Mo.**
17. (a) **Burial** (b) Date thereof **5-2-43**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Imbotten Reynolds Co.**
18. (a) Signature of funeral director **Phil A. Leuckel**
(b) Address **Van Buren Mo.**

19. (a) **April 30-43** (b) **Mrs. M. J. Smith**
(Date received local registrar) (Registrar's signature)

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **April** day **30**
year **1943** hour **12** minute **50** M.

21. I hereby certify that I attended the deceased from **Jan. 15, 1943**
19. to 19.
that I last saw him alive on **April 29** 19. **43**
and that death occurred on the date and hour stated above.

Immediate cause of death **myocardial degeneration**
Duration **4 weeks**

Due to **hypertension** 5 yrs.

Due to

Other conditions (Include pregnancy within 3 months of death)

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?

While at work? (Specify type of place) (e) Means of injury

23. Signature **Frank J. Purinskin** (M.D. or other) **D.O.**
Address **Van Buren, Mo** Date signed **4-30-43**

RECEIVED

District Health Order No. F

District File Number 643368

Date Filed 6-8-43

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 4-30-4

....., Registered Apprentice No.

working under my personal supervision.

Signed

Philip A. Leuchter

Licensed Embalmer No. 2936

P. O. Address Van Buren St

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.