

FILED MAY 27 1943

Registration District No. 286

Primary Registration District No. 2001

1. PLACE OF DEATH:

(a) County Jasper
(b) City or town Joplin
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
St Johns Hospital
(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 All Life
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jasper
(c) City or town Joplin
(If outside city or town limits, write "RURAL")
(d) Street No. 1258 West 9th Street
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Jackie Leroy Camp

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

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

6. (b) Name of husband or wife ----- 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased November 8th 1935
(Month) (Day) (Year)

8. AGE: Years Months Days if less than one day
7 5 29 hr. _____ min.

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

10. Usual occupation Child

11. Industry or business _____

MOTHER FATHER { 12. Name J. L. Camp
13. Birthplace Arcadia, Florida
(City, town, or county) (State or foreign country)
14. Maiden name Lorene Kirley
15. Birthplace Jasper, Mo
(City, town, or county) (State or foreign country)

16. (a) Informant J. L. Camp
(b) Address 1258 West 9th Street, Joplin, Mo

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

(c) Place: burial or cremation Forest Park Cem

18. (a) Signature of funeral director Thornhill-Dillon Mortuary
(b) Address Joplin, Missouri

19. (a) 5-8-43 (b) Detmund Dusholter
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 7th
year 1943 hour 7:45 minute PM M.

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

Immediate cause of death Fracture of skull at base

Due to fracture of skull at base
pieces of bone passed over head

Due to _____
Other conditions (include pregnancy within 3 months of death) NO

Major findings: Of operations _____
Of autopsy _____

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) accident
Date of occurrence May 7, 43

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

(d) Did injury occur in or about home, on farm, in industrial place, in public place?
In private driveway
(Specify type of place) (e) Means of injury _____

23. Signature R. A. Webster (M. D. or other) Coroner
Address Carthage, Mo Date signed May 8

Duration
PHYSICIAN
Underline the cause to which death should be charged statistically.

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

48-5-448

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..... *David Dillon*

Licensed Embalmer No. *3898*

P. O. Address. *Joplin, 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.