

Registration District No. 749

Primary Registration District No. 1002

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:
310 West 14th. Street
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution...
In this community 43 Years (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson
(c) City or town Kansas City
(If outside city or town limits, write "RURAL")
(d) Street No. 310 West 14th. Street
(If rural, give location)
(e) Citizen of foreign country? (Yes or No) 0
If yes, name country

3. (a) PRINT FULL NAME Charles Anderson Van Camp

3. (b) If veteran, name war World War # 1
3. (c) Social Security No. 493-22-8631

4. Sex Male 5. Color or race White
6. (a) Single, widowed, married, divorced, Married
6. (b) Name of husband or wife Maude Van Camp
6. (c) Age of husband or wife if alive 49 years
7. Birth date of deceased 9 - 24 1887
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
56 2 14 hr. min.

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

10. Usual occupation Invalid

11. Industry or business Disabled Veteran

MOTHER FATHER {
12. Name William Van Camp
13. Birthplace West Virginia
(City, town, or county) (State or foreign country)
14. Maiden name Martha Jane Truex
15. Birthplace West Virginia
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Maude Van Camp
(b) Address 310 West 14th. Street
17. (a) Funeral
(Burial, cremation, or removal) (b) Date thereof 12-10-1943
(Month) (Day) (Year)
(c) Place: burial or cremation Mt. Hope K.C. Ks.

18. (a) Signature of funeral director Mrs. C. L. Forster
(b) Address Kansas City, Missouri

19. (a) 12-9-43 (b) P. E. Brown
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 8th
year 1943 hour 11 minute 30 A.M.

21. I hereby certify that I attended the deceased from about 10/11, 1943, to 12/8, 1943; that I last saw him alive on 12/8, 1943; and that death occurred on the date and hour stated above.

Immediate cause of death Influenzal Pneumonia

Due to 13/15

Other conditions Pulmonary Tuberculosis
(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? _____

23. Signature Sam H. Nider (Specify type of place) _____
(M. D. or other) mo.
Address 315 Glouster Rd Date signed 12-9-43

DEC 2 9 1943

JAN 7 1944

Dr. Leon Smith
315 Colvinville Road
W.C. 3323
12-14

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 A. Redman*
Licensed Embalmer No. *2737*
P. O. Address *A. P. No.*

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: