

Registration District No. 286

Primary Registration District No. 4424

Registrar's No.

1. PLACE OF DEATH:

(a) County Polk
(b) City or town HUMANSVILLE
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community 54 years (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Polk ⁸⁴
(c) City or town HUMANSVILLE ⁰
(If outside city or town limits, write "RURAL") ¹
(d) Street No. _____ (If rural, give location)
(e) Citizen of foreign country? NO (Yes or No)
If yes, name country A

3. (a) PRINT FULL NAME THOMAS HARDING 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 Widowed
6. (b) Name of husband or wife KATHERINE S. CAMP 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased Oct. 27 1852
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>91</u>	<u>2</u>	<u>2</u>	hr. _____ min.

9. Birthplace Cole Camp Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation RURAL MAIL CARRIER

11. Industry or business U.S. GOVERNMENT

12. Name UNKNOWN

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

14. Maiden name UNKNOWN

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

16. (a) Informant Grace B. Camp

(b) Address 5702 S. side K.C. Mo.

17. (a) BURIAL (b) Date thereof JAN. 4, 1944
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation HUMANSVILLE CEMETERY

18. (a) Signature of funeral director E.H. Humm

(b) Address Humansville Mo.

19. (a) Jan. 4-44 (b) Ora M. Rich
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan. day 1st
year 1944 hour 10 minute 30 P. M.

21. I hereby certify that I attended the deceased from Dec 28 1943 to Jan 1st 1944
that I last saw him alive on Jan 1st 1944
and that death occurred on the date and hour stated above.

Immediate cause of death Pneumonia ^{3 days}
Duration

Due to _____

Due to _____

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 MD

23. Signature Roscoe C. Neun (M. D. or other) MD

Address Humansville Mo. Date signed 1-3-44

PHYSICIAN

Underline the cause to which death should be charged statistically.

RECEIVED

Public Health Officer No. 7,

File Number

1-44-5-7

2-4-44

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.....

by me

Registered Apprentice No.....

working under my personal supervision.

Signed.....

E. H. Pinner

Licensed Embalmer No. *4282*

P. O. Address *Humansville,*

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.

State File No.

Registration District No. 286

Primary Registration District No. 4424

Registrar's No.

1. PLACE OF DEATH:
 (a) County Polk
 (b) City or town Humansville
(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.....
(Specify whether

In this community.....
years, months or days)
 3. (a) PRINT FULL NAME Thomas H. Camp
 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 W
 6. (b) Name of husband or wife..... 6. (c) Age of husband or wife if alive..... years
 7. Birth date of deceased Oct 27 1951
(Month) (Day) (Year)

8. AGE: Years 9 Months 2 Days..... If less than one day..... min.

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

10. Usual occupation.....

11. Industry or business.....

MOTHER FATHER { 12. Name.....
 { 13. Birthplace.....
(City, town, or county) (State or foreign country)
 { 14. Maiden name.....
 { 15. Birthplace.....
(City, town, or county) (State or foreign country)

16. (a) Informant.....
 (b) Address.....
 17. (a) (Burial, cremation, or removal) (b) Date thereof.....
(Month) (Day) (Year)
 (c) Place: burial or cremation.....

18. (a) Signature of funeral director.....
 (b) Address.....

19. (a) (Date received local registrar) (b) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
 (a) State..... (b) County.....
 (c) City or town.....
(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..... Day.....
 year 1944 hour..... minute..... M.
 21. I hereby certify that I attended the deceased from....., 19.....
 that I last saw h..... alive on....., 19.....
 and that death occurred on the date and hour stated above.

Immediate cause of death Pneumonia
Bronchial pneumonia

Duration

Due to.....

Due to.....

Other conditions.....
(Include pregnancy within 3 months of death) 107

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

23. Signature..... (M. D. or other).....

Address..... Date signed.....

SUPPLEMENTARY

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

3980