

FILED MAR 13 1944

Registration District No. _____ Primary Registration District No. **4246** Registrar's No. **4**

1. PLACE OF DEATH:

(a) County **Osage**

(b) City or town **Carl Junction**
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: **501 S. Rowey**
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____ (Specify whether _____)

In this community **46 years**
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State **Mo** (b) County **Jasper**

(c) City or town **Carl Junction**
(If outside city or town limits, write "RURAL")

(d) Street No. **501 S. Rowey**
(If rural, give location)

(e) Citizen of foreign country? **No** (Yes or No)

If yes, name country _____

3. (a) PRINT FULL NAME **Joseph Miron Camp**

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Feb** day **11** year **1944** hour _____ minute **4a** M.

4. Sex **M** 5. Color or race **W** 6. (a) Single, widowed, married, divorced **W**

6. (b) Name of husband or wife **Amanda Camp** 6. (c) Age of husband or wife if alive _____ years (Day) (Year)

7. Birth date of deceased: (Month) **1** (Day) **1862** (Year)

21. I hereby certify that I attended the deceased from **Dec 7**, 19**43** to **Feb 10**, 19**44**
that I last saw him alive on **Feb 10**, 19**44**
and that death occurred on the date and hour stated above.

8. AGE: Years **82** Months **0** Days **22** If less than one day _____ hr. _____ min.

9. Birthplace **Charleston** **Ill** 1
(City, town, or county) (State or foreign country)

10. Usual occupation **Carpenter**

Immediate cause of death **Coronary artery disease** Duration **2 yrs**

Due to _____

Due to **93d**

Other conditions (Include pregnancy within 3 months of death) _____

MOTHER FATHER

11. Industry or business _____

12. Name **Albert Camp**

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

14. Maiden name **Eliza Jane Boyler**

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

16. (a) Informant **Pearl Myers**

(b) Address **Carl Junction, Mo**

17. (a) **Burial** (b) Date thereof **2, 14, 44**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Carl Junction Cemetery**

18. (a) Signature of funeral director **Rowey Funeral Service**

(b) Address **Carl Junction, Mo**

19. (a) **Feb 12 1944** **Mrs. Lillie Doyle**
(Date received local registry) (Registrar's signature)

PHYSICIAN

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 **O. L. Alberty** (M. D. or other) _____
Address **Carl Junction** Date signed **Feb 12 1944**

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

49
3
0

44-2-220

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 Steve Parker

Licensed Embalmer No. 2548

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.