

FILED FEB 17 1945  
Registration District No. **149**

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:  
1600 Prof. Bldg. ii & Grand Ave. 3  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether  
In this community 1 Month years, months or days)

3. (a) PRINT FULL NAME Estella S. VanCamp

3. (b) If veteran, name war NO

3. (c) Social Security No. no

4. Sex Femal

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 Srpt. 1 1944  
(Month) (Day) (Year)

| 8. AGE: | Years    | Months   | Days     | If less than one day |
|---------|----------|----------|----------|----------------------|
|         | <u>0</u> | <u>5</u> | <u>6</u> | hr. min.             |

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

10. Usual occupation Infant

MOTHER FATHER

11. Industry or business \_\_\_\_\_

12. Name Andrew Van Camp

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

14. Maiden name Nadine Zimmerling

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

16. (a) Informant Nadine Van Camp

(b) Address 2800 Monroe

17. (a) Burial (b) Date thereof Feb 12 1945  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Green Lawn Cem.

18. (a) Signature of funeral director Mrs. C. L. Forster

(b) Address 918 Brooklyn

19. (a) 2-9-45 (b) D. E. Brown  
(Date received local registrar) (Registrar's signature)

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. 2800 Monroe  
(If rural, give location)

(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country 0

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 2 day 7  
year 1945 hour 9:50 minute 1 M.

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

Immediate cause of death Broncho-pneumonia

Due to \_\_\_\_\_

Due to \_\_\_\_\_

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

PHYSICIAN

Major findings: History & Inspection

Of operations \_\_\_\_\_

Of autopsy no

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 Jimmie Walker (M. D. or other) 3  
Address 1424 paper Mill Date signed 2-7-45

**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

*E. H. Wise*

Licensed Embalmer No.

*2570*

P. O. Address

*K. C. 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.**