

No. 2
1-2-43
5-17-39
X35697

State File No.

ED AUG 20 1946
Registration District No. 73

Primary Registration District No. 5291

Registrar's No. 63

1. PLACE OF DEATH:

(a) County Ruby Lay Liberty Twp
 (b) City or town Rural Liberty Twp
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution His Home
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____
 In this community 45 years (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Blair
 (c) City or town Liberty
 (If outside city or town limits, write "RURAL")
 (d) Street No. Road #13
 (If Rural, give location)
 (e) Citizen of foreign country? No (Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME LUTHER P. CAMDEN
 (b) If veteran, name war None
 (c) Social Security No. ✓

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug. day 4
 year 1946 hour 5 minutes 30 A. M.
 21. I hereby certify that I attended the deceased from Aug 4
1946 to Aug 4 1946
 that I last saw him alive on July 10 1946
 and that death occurred on the date and hour stated above.

4. Sex Male 5. Color of race White 6. (a) Single, widowed, married, divorced Married
 6. (b) Name of husband or wife Martha Ann Camden 6. (c) Age of husband or wife if alive 77 years
 7. Birth date of deceased Feb 26 - 1862
 (Month) (Day) (Year)

Immediate cause of death Cerebrovascular Failure
 Due to Hypertension
 Due to Thromboplegia
 Other conditions (Include pregnancy within 3 months of death) _____
 Major findings: Of operations _____
 Of autopsy _____

Duration 3yr.
2yr. ago.

8. AGE: Years 84 Months 5 Days 8
 If less than one day _____ hr. _____ min.
 9. Birthplace Quincy, Mo.
 (City, town, or county) (State or foreign country)
 10. Usual occupation Farmer

MOTHER FATHER {
 11. Industry or business _____
 12. Name Arch Camden
 13. Birthplace Ray Co. Mo.
 (City, town, or county) (State or foreign country)
 14. Maiden name Mary Allen
 15. Birthplace Ray Co. Mo.
 (City, town, or county) (State or foreign country)

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 _____

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

16. (a) Informant Mr. Ralph Kess.
 (b) Address Rt #3, Liberty, Mo.
 17. (a) Burial (b) Date thereof Aug 6 - 46
 (Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation Funerary Liberty Mo
 18. (a) Signature of funeral director George Arthur
 (b) Address Liberty - Mo
 19. (a) Aug 6 - 1946 (b) Mississ. Haynes
 (Date received local registrar) (Registrar's signature)

23. Signature Henry W. Anderson (M. D. or other) _____
 Address Liberty, Mo Date signed 8/2/46

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

6x

RECEIVED

District Health Officer No. 8,

District File Number _____

Date Filed 8-17-46

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 Edgar Archer.

Licensed Embalmer No. 3311

P. O. Address Liberty, Ma

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.