

S. No. 2
M-5-43
7-5-17-39
P I X36679

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

27402

State File No.

FILED AUG 27 1946

3534

Registration District No. 199

Primary Registration District No. 1002

Registrar's No.

1. PLACE OF DEATH:
(a) County Jackson
(b) City or town Kansas City
(c) Name of hospital or institution: 3617 Montgal 1
(d) Length of stay: In hospital or institution 10 yrs -
In this community years, months or days

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Jackson 48
(c) City or town Kansas City 3
(d) Street No. 3617 Montgal 8
(e) Citizen of foreign country? no (Yes or No)

3. (a) PRINT FULL NAME Sarah Hannah Van Camp
(b) If veteran, name war no
(c) Social Security No. no

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Aug day 14
year 1946 hour 11 minute 15 a.m.
21. I hereby certify that I attended the deceased from Apr. 18/46
to Dec. 19 1946
that I last saw her alive on Aug. 12 1946
and that death occurred on the date and hour stated above.

4. Sex Female 5. Color or race white
6. (a) Single, widowed, married, divorced, widow
6. (b) Name of husband or wife James J Van Camp
6. (c) Age of husband or wife if alive years

Immediate cause of death: binocular disease
Duration 2 or 3 yrs.

7. Birth date of deceased: Aug 7 - 1858
(Month) (Day) (Year)

Due to
Due to

8. AGE: Years 86 Months 0 Days 7 If less than one day hr. min.

9. Birthplace Illinois (State or foreign country)

10. Usual occupation at home

11. Industry or business

12. Name Henry Vayles
13. Birthplace No Record
14. Maiden name Sarah Jundenski
15. Birthplace No Record

16. (a) Informant James H Van Camp
(b) Address 812 Monroe

17. (a) Burial (b) Date there Aug 16 1946
(c) Place: burial or cremation Green Lawn

18. (a) Signature of funeral director Mrs C R Foster
(b) Address 918 Brooklyn

19. (a) 8-15-46 (b) Geraldine Holmes
(Date received local registrar) (Registrar's signature)

Other conditions: 124 lbs
Major findings: Of operations none
Of autopsy: none

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?
(d) Did injury occur in or about home, on farm, in industrial place, in public place?
While at work? (Specify type of place) (c) Means of injury 0

23. Signature M DeLube M.D. (M. D. or other)
Address 1503 Walden Rd Date signed 8/14/46

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

MOTHER FATHER

307-114 1107 14-1

James B. Yoder

3111 Wilson

James B. Yoder
3111 Wilson
St. Louis, Mo.

1-70 5-14-71
No. 9955

William B. Yoder

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.....

JOE B. Yoder

..... Licensed Embalmer No. 4173

..... 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.