

FILED MAY 16 1947

Registration District No. 362

Primary Registration District No. 6234

Registrar's No. 10

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

1. PLACE OF DEATH:

(a) County Warren
(b) City or town Rural (Elkhorn twmsp)
(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 life years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Warren 109
(c) City or town Rural
(If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME

Rebecca Camp

3. (b) If veteran, name war _____

3. (c) Social Security No. none

4. Sex Female 5. Color or race Colored

6. (a) Single, widowed, married, divorced widowed

6. (b) Name of husband or wife George Camp 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased October 11, 1879
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
67 6 16 hr. _____ min.

9. Birthplace St. Charles County Mo. 0
(City, town, or county) (State or foreign country)

10. Usual occupation at home

11. Industry or business _____

MOTHER FATHER { 12. Name Anthony Webb
13. Birthplace unknown 9
(City, town, or county) (State or foreign country)
14. Maiden name unknown
15. Birthplace unknown 9
(City, town, or county) (State or foreign country)

16. (a) Informant Lin Shelton
(b) Address R.R.#2 Wright City, Mo.

17. (a) Burial (b) Date thereof 5-1-47
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Warrenton, Mo.

18. (a) Signature of funeral director F.W. Nieburg & Co.

(b) Address Warrenton, Mo.

19. (a) 4-30-47 (b) Mrs. Fred Moray
(Date received local registrar) (Registrar's signature) 27

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 27
year 1947 hour 5:45 minute _____ P. _____ M. _____

21. I hereby certify that I attended the deceased from _____, 19____, 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 Cerebral thrombosis
Due to hypertension
chronic bronchitis
Due to _____

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

Major findings: Of operations 93
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? 2

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

23. Signature J. F. H. Krigge (M. D. or other) 2
Address Warrenton, Mo. Date signed 5-30

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

Date Filed 5-15-47

District File Number

District Health Officer No. 9,

RECEIVED

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 John Sheberg
Licensed Embalmer No. 3897
P. O. Address Warrenton, 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.