

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED OCT 17 1947

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 36763

Registration District No. 323

Primary Registration District No. 6091

Registrar's No. 24

1. PLACE OF DEATH:

(a) County SALINE
 (b) City or town SALT POND TWP.
 (If outside city or town limits, write "RURAL" and name of township)
 (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 2 MONTHS
 (Specify whether years, months or days)

3. (a) PRINT FULL NAME FREDRICH WILLIAM LOVERCAMP3. (b) If veteran, name war No3. (c) Social Security No. NO

4. Sex MALE 5. Color or race WHITE
 6. (a) Single, widowed, married, divorced WIDOWED
 6. (b) Name of husband or wife Mary Lovercamp
 6. (c) Age of husband or wife if alive 1 year
 7. Birth date of deceased JULY 1864
 (Month) (Day) (Year)

8. AGE: Years 83 Months 3 Days 2
 If less than one day hr. min.

9. Birthplace BEAT CREEK IND (City, town, or county) (State or foreign country)10. Usual occupation FARMING

11. Industry or business

MOTHER FATHER
 12. Name HENRY LOVERCAMP
 13. Birthplace STATE OF INDIANA (City, town, or county) (State or foreign country)
 14. Maiden name ELIZA STEVE MILLER
 15. Birthplace STATE OF INDIANA (City, town, or county) (State or foreign country)

16. (a) Informant MRS. RUDOLPH HARTUS(b) Address SWEET SPRINGS, MO17. (a) BURIAL (b) Date thereof OCT 6 1947
(Burial, cremation, or removal) (Month) (Day) (Year)(c) Place: burial or cremation HOLY CROSS CEMETERY18. (a) Signature of funeral director E. S. JAMES(b) Address CONCORDIA MO19. (a) DOCT 1 1947 (b) Dolly Anderson
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County SALINE
 (c) City or town SWEET SPRINGS
 (If outside city or town limits, write "RURAL")
 (d) Street No. 0
 (If rural, give location)
 (e) Citizen of foreign country? No (Yes or No)
 If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month OCT day 3
year 1947 hour 3 minute 40 AM

21. I hereby certify that I attended the deceased from 5 September, 1947 to 27 Sept, 1947
 that I last saw him alive on 27 Sept, 1947
 and that death occurred on the date and hour stated above.

Immediate cause of death

Obstructive jaundice 4wks
Carcinoma of head of pancreas(?)

Other conditions (Include pregnancy within 3 months of death)

Major findings:
Of operations H&O

Of autopsy

Duration

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?..... (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 023. Signature Joseph P. Doyle M.D. or other M.D.
Address Sweet Springs Mo Date signed 4 Oct 47

RECEIVED

District Health Officer No. 3,

District File Number _____

Date Filed 10-16-47

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 me

_____, Registered Apprentice No. _____
working under my personal supervision.

Signed E. S. James

Licensed Embalmer No. 2058

P. O. Address Concordia 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.