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7-39

FILED JAN 14 1948

Registration District No. 383

Primary Registration District No. 5655

1. PLACE OF DEATH:

(a) County: Lawrence
(b) City or town: Mount Vernon
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Missouri State Sanatorium
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution: 1381 days
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State: Missouri (b) County: St. Louis County
(c) City or town: LeMay
(If outside city or town limits, write "RURAL")
(d) Street No.: 9911 Meadow
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country: _____

3. (a) PRINT FULL NAME

JEANETTE CAMP

3. (b) If veteran, name war: _____

3. (c) Social Security No. _____

4. Sex: Female 5. Color or race: white 6. (a) Single, widowed, married, divorced: married
6. (b) Name of husband or wife: Shelly C. Camp 6. (c) Age of husband or wife if alive: _____ years
7. Birth date of deceased: March 19 1924
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
23 23 9 8 hr. min.

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

10. Usual occupation: Waitress

11. Industry or business:

12. Name: John C. Kessinger
13. Birthplace: Litchfield, Illinois
(City, town, or county) (State or foreign country)
14. Maiden name: De La Jackson
15. Birthplace: Unknown
(City, town, or county) (State or foreign country)

16. (a) Informant: Ethel McMichael, Record Clerk
(b) Address: Mo. State San., Mt. Vernon, Mo.

17. (a) Removed (b) Date thereof: 12-27-47
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation: Springfield, Mo. Hos. 1. Shaffer

18. (a) Signature of funeral director: Sullivan
(b) Address: _____

19. (a) 1-3-48 (b) DR. Phelps
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month: December day: 27
year: 1947 hour: 8 minute: 15 P. A. M.

21. I hereby certify that I attended the deceased from March 6th, 44 to December 27th, 1947
that I last saw her alive on December 27th, 1947
and that death occurred on the date and hour stated above.

Immediate cause of death: Tbc. meningitis
Pulmonary tuberculosis

Duration
6 months
4 years

Due to: _____
Due to: _____

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

PHYSICIAN

Major findings:
Of operations: _____

Of autopsy: _____

Underline the cause of 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? _____ (Specify type of place)

While at work? _____ (e) Means of injury: _____
23. Signature: Roy Decker (M. D. or other) _____
Address: Mo. Vernon, Mo. Date signed: 12-27-47

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

MOTHER FATHER

148-28-

FEB 12 1948

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.....

Pho. P. Shaffer

Licensed Embalmer No.....

2692

P. O. Address.....

Sullivan W

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.