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5-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED JUN 3 1948

Registration District No. 93

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 15745

Primary Registration District No. 5291

Registrar's No. 50

1. PLACE OF DEATH:
(a) County Clay
(b) City or town Liberty Twp.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Liberty R.R. # 3
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution ✓ (Specify whether
In this community 47 Years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo. (b) County Clay 24
(c) City or town Rural 0
(If outside city or town limits, write "RURAL") 0
(d) Street No. Liberty R.R. # 3 0
(If rural, give location)
(e) Citizen of foreign country? ✓ (Yes or No)
If yes, name country ✓

3. (a) PRINT FULL NAME MARTHA ANN CAMDEN
3. (b) If veteran, name war ✓
3. (c) Social Security No. ✓

4. Sex Female
5. Color or race Wh
6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife Luther P. Camden
6. (c) Age of husband or wife if alive ✓ years
7. Birth date of deceased May (Month) 27 (Day) 1868 (Year)

8. AGE:

Years	Months	Days	If less than one day
79	11	29	hr. min.

9. Birthplace Ray Co. (City, town, or county) Mo. (State or foreign country)
10. Usual occupation Housewife
11. Industry or business ✓
FATHER
12. Name Thomas Camden
13. Birthplace Ray Co. (City, town, or county) Mo. (State or foreign country)
MOTHER
14. Maiden name Sarah Roe
15. Birthplace Ray Co. (City, town, or county) Mo. (State or foreign country)
16. (a) Informant Mrs. Ralph Kerr
(b) Address Liberty Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 5/28/48 (Month) (Day) (Year)
(c) Place: burial or cremation Liberty Mo
18. (a) Signature of funeral director Church-Archer Co
(b) Address Liberty Mo.
19. (a) 5-28-1948 (Date received local registrar) (b) Minnie Haynes (Registrar's signature) 64

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 26
year 1948 hour 3 minute 0 P.M.

21. I hereby certify that I attended the deceased from Feb 15, 1948, to May 26, 1948
that I last saw her alive on May 24, 1948
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Carcinoma Rectum	4 mo
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

46

PHYSICIAN
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 Clarence W. Hendrix (M. D. or other)
Address Liberty, Mo Date signed 5/28/48

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 8,

District File Number.....

Date Filed 6-2-48

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 Lombardy

Licensed Embalmer No. 4448

P. O. Address Liberty 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.