

S. No. 300  
M-10-47  
v. 5-17-39  
I 3906

FEDERAL SECURITY AGENCY  
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. 16250  
Registrar's No. 2042

FILED MAY 22 1948, 49  
Registration District No. \_\_\_\_\_

Primary Registration District No. 1002

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

1. PLACE OF DEATH:  
(a) County Jackson  
(b) City or town Kansas City  
(c) Name of hospital or institution: Northeast Restorium 3240 Norledge  
(d) Length of stay: In hospital or institution 7 months  
In this community 40 years

2. USUAL RESIDENCE OF DECEASED:  
(a) State Missouri (b) County Jackson  
(c) City or town Kansas City  
(d) Street No. 3435 E 6th  
(e) Citizen of foreign country? no

3: (a) PRINT FULL NAME Frederic Camren  
(b) If veteran, name war no  
(c) Social Security No. 495-09-9274

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month May day 11  
year 1948 hour 7 minute 25 P M.

4. Sex male 5. Color or race white  
6. (a) Single, widowed, married, divorced mar.  
6. (b) Name of husband or wife Alice  
6. (c) Age of husband or wife if alive 67 years  
7. Birth date of deceased March 21 1876

21. I hereby certify that I attended the deceased from May 1, 1948 to May 11, 1948  
that I last saw him alive on April 28, 1948  
and that death occurred on the date and hour stated above.

Immediate cause of death  
Hypostatic pneumonia Duration 3 wks.  
Due to Left hemiplegia 6 yrs.  
Due to Cerebral hemorrhage and Hypertension 6 yrs.

8. AGE: Years 72 Months 1 Days 21 hr. 30 min.  
9. Birthplace Marysville Mo  
10. Usual occupation retired Interior Decorator  
11. Industry or business Wm Rockhill Nelson Estate

Other conditions (Include pregnancy within 3 months of death)  
Major findings: Of operations 830  
Of autopsy \_\_\_\_\_

MOTHER FATHER  
12. Name John Camren  
13. Birthplace Unknown  
14. Maiden name Lucy Kay  
15. Birthplace Unknown  
16. (a) Informant Alice Camren  
(b) Address 3435 E 6th  
17. (a) Burial (b) Date thereof 5-13-1948  
(c) Place: burial or cremation Mt Washington  
18. (a) Signature of funeral director C.H. Blackman & Son, Inc.  
(b) Address 2825 Independence Blvd.  
19. (a) 5-13-48 (b) Sheldene Holmes

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? \_\_\_\_\_ (a) Means of injury \_\_\_\_\_  
23. Signature Jesse String (M. D. or other) M.D.  
Address 1103 Grand, K.C., Mo. Date signed 5-12-48

**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 O. K. McFarland

Licensed Embalmer No. 4-397

P. O. Address Kansas City 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.**