

FILED JUL 29 1948

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No.

Registration District No. 32

Primary Registration District No. 4042

Registrar's No. 571

1. PLACE OF DEATH:

(a) County BOLLINGER
 (b) City or town HUTESVILLE
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: 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 31 YRS. years, months or days)

3. (a) PRINT FULL NAME JOSEPH MARTIN CAMREN

3. (b) If veteran, name war. -
 3. (c) Social Security No. -

4. Sex M 5. Color or race W
 6. (a) Single, widowed, married, divorced WIDOWED
 6. (b) Name of husband or wife. - 6. (c) Age of husband or wife if alive - years
 7. Birth date of deceased APR 13 1867
 (Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
81 3 4 hr. min.

9. Birthplace CAPE GIRARDEAU Co. Mo.
 (City, town, or county) (State or foreign country)

10. Usual occupation FARMER11. Industry or business. -12. Name ALEXANDER CAMREN13. Birthplace TENN.
(City, town, or county) (State or foreign country)14. Maiden name CATHERINE KELLY15. Birthplace TENN.
(City, town, or county) (State or foreign country)16. (a) Informant ERNEST CAMREN(b) Address GLEN ALLEN, Mo.17. (a) BURIAL (b) Date thereof 7-18-48
(Burial, cremation, or removal) (Month) (Day) (Year)(c) Place: burial or cremation HURRICANE FORK18. (a) Signature of funeral director BAKER FUNERAL HOME(b) Address HUTESVILLE, Mo.19. (a) 7-24-48 (b) Miss Van Amburgh
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County BOLLINGER
 (c) City or town HUTESVILLE
 (If outside city or town limits, write "RURAL")

(d) Street No. (If rural, give location)

(e) Citizen of foreign country? (Yes or No)

If yes, name country.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month JULY day 17 th
 year 1948 hour 10:00 minute A. M.

21. I hereby certify that I attended the deceased from

..... 19..... to 19.....
 that I last saw him alive on 7/17/48 and that death occurred on the date and hour stated above.

Immediate cause of death. Broken neck & shockDue to Automobile accidentDue to Automobile accidentOther conditions Broken neck & shock
(Exclude pregnancy within 3 months of death)Major findings:
Of operations.

Of autopsy.

22. If death was due to external causes, fill in the following information:
(a) Accident, suicide, or homicide (specify) 17021
(b) Date of occurrence.
(c) Where did injury occur? Automobile accident
(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) (e) Means of injury. 23. Signature John J. Morris
Address Bollinger Date signed 7/18/48

PHYSICIAN

Underline the cause to which death should be charged statistically.

ADDITIONAL SUPPLEMENTARY INFORMATION REQUESTED

RECEIVED

District Health Officer No. 4

District File Number 748

Date Filed 7-27

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

A. J. Baker

Licensed Embalmer No. 3573

P. O. Address.....

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.

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUSTHE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. 249
Registrar's No. 54Registration District No. 32Primary Registration District No. 4042

1. PLACE OF DEATH:

- (a) County Bollinger
(b) City or town Lutesville
(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 (Specify whether

In this community,
years, months or days)

(Specify whether

3. (a) PRINT
FULL NAMEJoseph M. Camden

3. (b) If veteran,
-
- name war

3. (c) Social Security
-
- No.

4. Sex

M5. Color or
race W

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

6. (b) Name of husband or wife

6. (c) Age of husband or wife if
-
- alive

7. Birth date of deceased

April 13
(Month) (Day) (Year)

(Day) (Year)

8. AGE:

Years

Months

Days

If less than one day

813

min.

9. Birthplace

(City, town, or county)

(State or foreign country) Mo

10. Usual occupation

11. Industry or business

12. Name

13. Birthplace

(City, town, or county)

(State or foreign country)

14. Maiden name

15. Birthplace

(City, town, or county)

(State or foreign country)

16. (a) Informant

- (b) Address

17. (a) (b) Date thereof

(Burial, cremation, or removal)

(Month) (Day) (Year)

- (c) Place: burial or cremation

13. (a) Signature of funeral director

- (b) Address

19. (a) (b)

(Date received local registrar)

(Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

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

MEDICAL CERTIFICATION

20. DATE OF DEATH Month
- 1948
- Year
- 1948
- Minute
- 1
- M.

21. I hereby certify that I attended the deceased from
-
- that I last saw him alive on
-
- and that death occurred on the date and hour stated above.
-
- Immediate cause of death

Duration

Due to

Due to

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

Major findings:

Of operations

Of autopsy

PHYSICIAN

Underline
the cause to
which death
should be
charged sta-
tistically.

22. If death was due to external causes, fill in the following:

- (a) Accident, suicide, or homicide (specify) Accident
(b) Date of occurrence
(c) Where did injury occur? Bollinger Mo
(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)

(c) Means of injury

23. Signature
- John J. Myers
- (M. D. or other)
-
- Address
- Bollinger Mo
- Date signed
- 8/21/48

5-22136