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21492

MO MAY 16 1940

State File No.

Registration District No. 156

Primary Registration District No. 4090

Registrar's No. 23

I. PLACE OF DEATH:

(a) County Cass
(b) City or town Harrisonville mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution Northwest Harrisonville 2
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community 24 yrs. (years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Cass
(c) City or town Harrisonville mo.
(If outside city or town limits, write "RURAL")
(d) Street No. in N.W. city limits (If rural, give location)
(e) If foreign born, how long in U. S. A? _____ years.

3. (a) PRINT FULL NAME Minor Stewart Van Camp
8. (b) If veteran, name war ww 8. (c) Social Security No. _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Apr day 8th
year 1940 hour unknown M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;
that I last saw him alive on _____, 19____;
and that death occurred on the date and hour stated above.

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced W
6. (b) Name of husband or wife Louise Ann 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased May 13 - 1861
(Month) (Day) (Year)

Immediate cause of death Proximately due to coronary occlusion of heart in bed.
Due to _____
Due to _____

8. AGE: Years 28 Months 10 Days 25 If less than one day _____ hr. _____ min.

Other conditions (Include pregnancy within 3 months of death) 94 lbs

9. Birthplace Cincinnati Ohio (City, town, or county) (State or foreign country)
10. Usual occupation Farming

11. Industry or business _____
12. Name John Van Camp
13. Birthplace Ohio (City, town, or county) (State or foreign country)
14. Maiden name Elizabeth Reed
15. Birthplace unknown (City, town, or county) (State or foreign country)

Major findings: Of operations _____
Of autopsy _____

16. (a) Informant Lizzie Van Camp
(b) Address Harrisonville mo.
17. (a) Burial (b) Date thereof 4-11-40
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Orient Cem.

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? 845
(Specify type of place) While at work? _____ (a) Means of injury _____

18. (a) Signature of funeral director Atthman
(b) Address Harrisonville mo.
19. (a) 4/11/40 (b) Reedusley
(Date received by registrar) (Registrar's signature)

23. Signature B M Griffith (M. D. or other) _____
Address Harrisonville Date signed 4/12/40

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

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.....

Licensed Embalmer No.....

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, above space should be left blank.