

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

JAN 25 1941

Registration District No. 036

Primary Registration District No. 5844

State File No. _____

Registrar's No. 27

1. PLACE OF DEATH:

(a) County Oregon

(b) City or town Alton

(c) Name of hospital or institution: _____
(If outside city or town limits, write "RURAL" and name of township)

(d) Length of stay: In hospital or institution _____
(Specify whether _____)

In this community _____
years, months or days (Specify whether _____)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Oregon

(c) City or town Alton
(If outside city or town limits, write "RURAL")

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

(e) If foreign born, how long in U. S. A. ? _____ years.

3. (a) PRINT FULL NAME John Henry Camden

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

4. Sex Male

5. Color or race White

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Ollie Camden

6. (c) Age of husband or wife if alive 60 years

7. Birth date of deceased July 24 1875
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>65</u>	<u>4</u>	<u>3</u>	hr. _____ min. _____

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

10. Usual occupation Justice of Peace &

11. Industry or business Laborer

MOTHER FATHER {

12. Name Billie Camden

13. Birthplace Kentucky
(City, town, or county) (State or foreign country)

14. Maiden name Jemima Parker

15. Birthplace Reynolds County, Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Ollie Camden

(b) Address Alton, Mo.

17. (a) Burial (b) Date thereof 11/29/40
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Alton, Mo.

18. (a) Signature of funeral director See Car 510

(b) Address Thayer

19. (a) _____ (b) Emory Bailey
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 27
year 1940 hour 11 minute 25 P. M.

21. I hereby certify that I attended the deceased from June
_____, 1925, to Nov. 11, 1940

that I last saw him alive on Nov 24, 1940
and that death occurred on the date and hour stated above.

Immediate cause of death Nephrotic Interstitial

Duration 2 years

Due to _____

Due to 121

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 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? _____

While at work? _____ (Specify type of place)

(a) Means of injury _____

23. Signature Arthur M. Moore (M. D. or other) !

Address Alton Mo Date signed _____

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

5

RECEIVED

District Health Officer No. 5,

District File Number 14136

Date filed _____

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, fact should be so stated above.