S. No. 2
—4-13-40
. 5-17-39
I X23159

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUL 10 1942

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 22462

Registration District No. 852 Primary Registration District No. 6124 Registrar's No.

1. PLACE OF DEATH:
(a) County Sullivan
(b) City or town Pollock no Bonn Twp
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether years, months or days)
In this community 65 years

2. USUAL RESIDENCE OF DEACESED:
(a) State Missouri (b) County Sullivan
(c) City or town Pollock
(If outside city or town limits, write "RURAL")
(d) Street No.
(If rural, give location)
(e) If foreign born, how long in U. S. A.? 0 years.

3. (a) PRINT FULL NAME Joseph Manuel Camp
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 Myra Lee Camp
6. (c) Age of husband or wife if alive 64 years
7. Birth date of deceased October (Month) 12 (Day), 1875 (Year)

8. AGE: Years 66 Months 8 Days 3 If less than one day hr. min.

9. Birthplace Pollock, Missouri (City, town, or county) (State or foreign country)
10. Usual occupation Farmer
11. Industry or business general farming.
MOTHER FATHER
12. Name Joseph Joshua Camp
13. Birthplace Ohio (City, town, or county) (State or foreign country)
14. Maiden name Mary Thompson
15. Birthplace Ind. (City, town, or county) (State or foreign country)
16. (a) Informant Mrs L M. Camp
(b) Address Pollock, Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof June 17 1942 (Month) (Day) (Year)
(c) Place: burial or ~~cremation~~ Pollock Cemetery
18. (a) Signature of funeral director Lefoe
(b) Address Milan, Mo (Franklin)
19. (a) July 2. 1942 (Date received by local registrar) (b) Mrs L. D. Green (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 15 year 1942 hour 1 minute 15 p. M.
21. I hereby certify that I attended the deceased from Feb 20, 1942, to June 15, 1942 that I last saw him alive on June 15, 1942 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Cerebral hemorrhage	3 hours
Due to arterial hypertension	
& arteriosclerosis	5 years
Due to chronic glomerulonephritis	8 years
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations 131	
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? (Specify type of place)
While at work? (e) Means of injury

23. Signature Chas. H. Judd (M. D. or other) D.O.
Address Pollock Mo Date signed 6/16/42

1140 (Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 10
District File Number 7-42-1268
Date Filed JUL 9 1942

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 Frank D. Schoen

Licensed Embalmer No. 2016

P. O. Address Milan, M

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.