

LED APR 17 1943

Registration District No. 362

Primary Registration District No. 6234

Registrar's No. 15

1. PLACE OF DEATH:

(a) County Warren  
(b) City or town Truesdale  
(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 life  
In this community life  
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Warren  
(c) City or town Truesdale  
(d) Street No. \_\_\_\_\_  
(e) Citizen of foreign country? no  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME George F. Camp

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

4. Sex male 5. Color or race negro 6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife Becky Camp 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased Sept. 9, 1869  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>73</u>	<u>6</u>	<u>18</u>	hr. _____ min.

9. Birthplace Warren County Mo.  
(City, town, or county) (State or foreign country)

10. Usual occupation Laborer

11. Industry or business \_\_\_\_\_

12. Name Lewis Camp

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

14. Maiden name Anna Garrett

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

16. (a) Informant Mrs. Cora Wilkinson

(b) Address 3131 Laclede, St. Louis, Mo.

17. (a) Burial (b) Date thereof 3-30-43  
(Burial, cremation, or removal) (Month) (Day) (Year)

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

18. (a) Signature of funeral director J.W. Wehberg & Co.  
(b) Address Warrenton, Mo.

19. (a) Apr. 2 1943 (b) John A. Behrmeyer  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 27  
year 1943 hour 9 minute \_\_\_\_\_ P. M.

21. I hereby certify that I attended the deceased from Aug. 15  
1942 to March 27, 1943;  
that I last saw h. s. m. alive on March 27, 1943;  
and that death occurred on the date and hour stated above.

Immediate cause of death Myocarditis  
mitral lesions of valves of heart. Chronic nephritis  
Due to dropsy and anemia

Duration 8 months  
Don't know

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? \_\_\_\_\_  
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

23. Signature John A. Deje (M. D. or other) \_\_\_\_\_  
Address Warrenton, Mo. Date signed March 30

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

9009

11777

**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, John

....., Registered Apprentice No. ....

working under my personal supervision.

Signed John Sheeling

Licensed Embalmer No. 3897

P. O. Address Warrenton, Or

**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.**