

**FILED MAR 16 1944**

Registration District No. **177**

Primary Registration District No. **1002**

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

1. PLACE OF DEATH:

(a) County **Jackson**  
(b) City or town **Kansas city**  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: **St. Joseph O**  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution **20 days**  
In this community **20 days**  
years, months or days

2. USUAL RESIDENCE OF DECEASED:

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

3. (a) PRINT FULL NAME **JEAN CAMPER**

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

4. Sex **F** 5. Color or race **W** 6. (a) Single, widowed, married, divorced. **Widow**

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

7. Birth date of deceased **November 15 1895**  
(Month) (Day) (Year)

8. AGE: Years **48** Months **3** Days **189** If less than one day hr. \_\_\_\_\_ min. \_\_\_\_\_

9. Birthplace **Richmond Mo. O**  
(City, town, or county) (State or foreign country)

10. Usual occupation **House duties**

11. Industry or business

MOTHER FATHER  
12. Name **unknown**  
13. Birthplace **unknown** 9  
(City, town, or county) (State or foreign country)  
14. Maiden name **unknown**  
15. Birthplace **unknown** 9  
(City, town, or county) (State or foreign country)

16. (a) Informant **Robert Hardie**  
(b) Address **Richmond, Mo.**

17. (a) **Burial** (b) Date thereof **3-5-44**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Richmond, Mo.**

18. (a) Signature of funeral director **[Signature]**  
(b) Address **Richmond, Mo.**

19. (a) **3-4-44** (b) **D. C. Brown**  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **March** day **4**  
year **1944** hour **2** minute **20 AM**

21. I hereby certify that I attended the deceased from **Feb 14**, 19**44** to **Mar 4**, 19**44**  
that I last saw her alive on **Mar 3**, 19**44**  
and that death occurred on the date and hour stated above.

Immediate cause of death **ruptured pneumothorax + recent gastric ulcer + sub-phrenic abscess**  
Duration \_\_\_\_\_

Due to \_\_\_\_\_  
Due to \_\_\_\_\_

Other conditions **11701**  
(Include pregnancy within 3 months of death)

Major findings: **Perforated gastric ulcer**  
Of operations \_\_\_\_\_  
Of autopsy **ruptured pneumothorax**

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) (e) Means of injury \_\_\_\_\_

23. Signature **J. Albert Ingham** (M. D. or other) \_\_\_\_\_  
Address **205 Argyle** Date signed **3-4-44**

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**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 *W. Roman*.....

Licensed Embalmer No. 9073.....

P. O. Address Richmond, Mo......

**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.**