

FILED MAY 1944
Registration District No. 5840

Primary Registration District No. 6225

State File No. _____
Registrar's No. 74

1. PLACE OF DEATH:

(a) County Vernon
(b) City or town Nevada - Washington Twp
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: State Hospital No 3 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 12 days years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jasper ¹⁰⁸
(c) City or town Joplin ⁹
(If outside city or town limits, write "RURAL")
(d) Street No. 1812 1/2 Main (If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME ARTHUR-M-CAMBLIN

3. (b) If veteran, name war no 3. (c) Social Security No. none

4. Sex male 5. Color or race white 6. (a) Single, widowed, married, divorced, divorced
6. (b) Name of husband or wife Minnie Lorraine Camblin 6. (c) Age of husband or wife if alive 75 years
7. Birth date of deceased May 7 1859 (Month) (Day) (Year)

8. AGE: Years 84 Months 11 Days 5 If less than one day _____ hr. _____ min.

9. Birthplace Typee canoe Indiana (City, town, or county) (State or foreign country)

10. Usual occupation Blacksmith

11. Industry or business none

12. Name John Camblin

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

14. Maiden name Angelina Hays

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

16. (a) Informant Mrs Kate Lee

(b) Address 1812 1/2 Main, Joplin Mo

17. (a) Burial (b) Date thereof 4/14/44 (Month) (Day) (Year)

(c) Place: burial or cremation Open Mausoleum

18. (a) Signature of funeral director Hirelbat and Co

(b) Address 20 Main St

19. (a) 4-12-44 (Date received local registrar) (b) Paul B. Barone (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 12 year 1944 hour 11 minute 40 A M.

21. I hereby certify that I attended the deceased from March 30, 1944 to April 12, 1944 that I last saw him alive on April 12, 1944 and that death occurred on the date and hour stated above.

Immediate cause of death: Arteriosclerosis
Due to Heart Disease

Due to Generalized Arteriosclerosis

Other conditions (Include pregnancy within 3 months of death): Senile Dementia

Major findings: Of operations no operation

Of autopsy no autopsy

22. If death was due to external causes, fill in the following: (a) Accident, suicide, or homicide (specify) No.

(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 Paul L. Barone (M. D. or other) Address State Hosp No 3 Date signed April 12/44

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

RECEIVED

District Health Officer No. 7,

District File Number 4-44-554

Date Filed 5-3-44

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 Ferry H. Hurlbut

Licensed Embalmer No. 95-9

P. O. Address Spring Hill

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.