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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED FEB 14 1947

Registration District No. 128

THE STATE BOARD OF HEALTH OF MISSOURI

# STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 2000

State File No. 765 Dr. Hogeboom

Registrar's No. 92

**1. PLACE OF DEATH:**

(a) County Greene

(b) City or town Springfield
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: St. John's Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 6 Days (Specify whether
In this community Life
years, months or days)

**2. USUAL RESIDENCE OF DECEASED:**

(a) State Missouri (b) County Greene 39

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

(d) Street No. 718 East Walnut St.
(If rural, give location)

(e) Citizen of foreign country? (Yes or No)

If yes, name country

**3. (a) PRINT FULL NAME** George Hull Camp

3. (b) If veteran, name war World War I & 2

3. (c) Social Security No.

4. Sex Male 0

5. Color or race White

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

6. (b) Name of husband or wife Olive Camp

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

7. Birth date of deceased Oct (Month) 8th (Day) 1893 (Year)

**8. AGE:**

| Years | Months | Days | If less than one day |
|---|---|---|---|
| 53 | 3 | 26 | hr. min. |

9. Birthplace Springfield (City, town, or county) Missouri (State or foreign country) 0

10. Usual occupation Physician

11. Industry or business Medical

FATHER
12. Name Walter Atwood Camp
13. Birthplace Rosewell (City, town, or county) Georgia (State or foreign country) 1

MOTHER
14. Maiden name Pauline Francis Bishop
15. Birthplace Boston (City, town, or county) Mass. (State or foreign country) 1

16. (a) Informant Mrs. Olive Camp
(b) Address 718 E. Walnut Springfield Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 2/1/47 (Month) (Day) (Year)
(c) Place: burial or cremation Maple Park

18. (a) Signature of funeral director Herman H. Lohmeyer
(b) Address Springfield, Missouri

19. (a) 1-31-47 (Date received local registrar) (b) W E Handley MD (Registrar's signature)

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month Jan, day 29
year 1947 hour 11; minute 30 A.M.

21. I hereby certify that I attended the deceased from Jan 23. 1947, 19, to Jan 29, 1947
that I last saw him alive on Jan 29, 1947
and that death occurred on the date and hour stated above.

| Immediate cause of death | Duration |
|---|---|
| Acute Nephritis | 10 days |
| Due to with uremia | |
| Due to | |
| Other conditions (Include pregnancy within 3 months of death) | |

Major findings:
Of operations 120

Of autopsy Acute Nephritis

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 0

23. Signature Geo W Hogeboom (M. D. or other)
Address Springfield Mo Date signed 1-30-47

(Licensed Embalmer's Statement on Reverse Side)

MAY 27 1941

APR 10 1947

JUN 10 1947

MAR 4 1955

DEC 2 1948

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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 Walter E. Hamilton

Licensed Embalmer No. 3808

P. O. Address Springfield 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.**