

FILED OCT 27 1947

Registration District No. 128

Primary Registration District No. 2000

Registrar's No. 890

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:
1523 St. Louis
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution None (Specify whether
In this community 83 years years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Greene 39
(c) City or town Springfield, 2
(If outside city or town limits, write "RURAL")
(d) Street No. 1523 St. Louis 1
(If rural, give location) 0
(e) Citizen of foreign country? _____ (Yes or No)
- If yes, name country _____

3. (a) PRINT FULL NAME

Martha M. Camp

3. (b) If veteran,

name war None

3. (c) Social Security

No. None

4. Sex Female / 5. Color or race White

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

6. (b) Name of husband or wife William P. Camp

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

7. Birth date of deceased December 21, 1863
(Month) (Day) (Year)

8. AGE: Years 83 Months 9 Days 19 If less than one day
hr. _____ min.

9. Birthplace Greene County, Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business In Home

12. Name William H. Bristow

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

14. Maiden name Dean Thornton
(City, town, or county) (State or foreign country)

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

16. (a) Informant Miss Hattie Camp

(b) Address Springfield, Missouri

17. (a) Burial (b) Date thereof 10/12/47
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Danforth Semetery

18. (a) Signature of funeral director Gorman-Scharpf Funeral Home
(Specify type of place)

(b) Address Springfield, Missouri (c) Means of injury _____

19. (a) 10-13-47 (b) W. S. Handley 419
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 10th,
year 1947 hour 6 minute P. M.

21. I hereby certify that I attended the deceased from 8-7, 1947, to 10-7-, 1947,
that I last saw her alive on 10-7-, 1947,
and that death occurred on the date and hour stated above.

Immediate cause of death CARCINOMA of COLON - RT
CARCINOMATOSA

Duration

Due to _____

Due to _____

Other conditions None
(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? _____ (City or town) (County) (State)

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

(e) Means of injury _____

23. Signature Joseph D. Dills (M. D. initials)

Address Springfield, MO Date signed 10-13-47

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

39
2
6

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.....

.....
working under my personal supervision.

..... Registered Apprentice No.

Signed

Lewis G. Schaefer

..... Licensed Embalmer No. *3802*

..... 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.