

FILED JUN 7 1948

Registration District No. **700**

Primary Registration District No. **52894556**

Registrar's No. **37**

3
0
0
WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County Dent

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

(c) Name of hospital or institution: X
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution X
(Specify whether years, months or days)

In this community most of his life

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Dent **33**

(c) City or town Bunker
(If outside city or town limits, write "RURAL") **0**

(d) Street No. 0
(If rural, give location) **0**

(e) Citizen of foreign country? No (Yes or No) **0**

If yes, name country: _____

3. (a) PRINT FULL NAME Clifford Camden

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

4. Sex male 5. Color or race W

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

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

7. Birth date of deceased May 17 1912
(Month) (Day) (Year)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 22
year 1948 hour 5:30 minute A. M.

21. I hereby certify that I attended the deceased from May 22, 1948 to May 22, 1948
that I last saw him alive on May 21, 1948
and that death occurred on the date and hour stated above.

Immediate cause of death Heart Failure Duration _____

8. AGE: Years 36 Months X Days 5 If less than one day hr. min.

Due to _____

Due to _____

9. Birthplace Dent Co Mo
(City, town, or county) (State or foreign country)

Other conditions 2000
(Include pregnancy within 3 months of death)

10. Usual occupation Laborer

Major findings:
Of operations _____
Of autopsy _____

11. Industry or business _____

MOTHER FATHER { 12. Name Clarence Camden

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

14. Maiden name Kate Estep

15. Birthplace Reynolds Co Mo
(City, town, or county) (State or foreign country)

16. (a) Informant Kate Wisdom

(b) Address Bunker Mo

17. (a) Burial (b) Date thereof 5/23/48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Camden Cemetery

18. (a) Signature of funeral director L. L. Henson

(b) Address Salem, Missouri

19. (a) 5-25-48 (b) M. M. Neal, M.D.
(Date received local registrar) (Registrar's signature)

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 _____

Signature L. L. Henson M.D. (M. D. or other) **0**

Address Bunker, Mo Date signed _____

PHYSICIAN
Underline the cause to which death should be charged statistically.

RECEIVED

6-1-48
District Health Officer No. 6,
District File Number. 648376
Date Filed 6-1-48

1948 JUN 1 709

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, ~~XXX~~

....., Registered Apprentice No.....
working under my personal supervision.

Signed Wm. W. McDonald

Licensed Embalmer No. 3806

P. O. Address. Salem, Missouri

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.