

MAY 18 1938

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

14631
Do not use this space.

1. PLACE OF DEATH

(a) County Greene Registration District No. 316
 (b) Township Springfield Primary Registration District No. 2001 Registered No. 322
 (c) City Springfield (d) Street No. 1954 1/2 N. National Boulevard St. St.
 (If death occurred in Hospital or Institution, write its name instead of street and number)
 (e) Length of residence in city or town where death occurred yrs. mos. da. (f) How long in U. S., if of foreign birth? yrs. mos. da.

2. PRINT FULL NAME

(a) Residence, No. AL CAMPBELL 514
1954 1/2 N. National Boulevard St. St.
 (Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Apr 13 1938

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (or) WIFE OF Maud Campbell

22. I HEREBY CERTIFY, That I attended deceased from 9/3/38, 1938 to Apr 13, 1938

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 28-1877

I last saw him alive on March 12, 1938. Death is said to have occurred on the date stated above, at 4 P. m.

7. AGE YEARS 60 MONTHS 11 DAYS 15 If LESS than 1 day, hrs. or min.

The principal cause of death and related causes of importance were as follows:

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Laborer
 9. Industry or business in which work was done, as saw mill, bank, etc. ✓
 10. Date deceased last worked at this occupation (month and year) ✓ 11. Total time (years) spent in this occupation ✓

Myocarditis
Chronic
Date of onset

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Lebanon Mo.

(Other contributory causes of importance: Arterio-sclerotic)

FATHER 13. NAME James Campbell

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Jenn

MOTHER 15. MAIDEN NAME Margaret Richardson

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ind.

17. INFORMANT (ADDRESS) Maud Campbell
Springfield Mo.

Name of operation Hassenson Date of 10
What test confirmed diagnosis Hassenson Was there an autopsy no

18. BURIAL (CREMATION, OR REMOVAL) PLACE Green Lawn DATE April 17 1938

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? no Date of injury no, 19no
 Where did injury occur? no (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place.

19. FUNERAL DIRECTOR (ADDRESS) Chas. A. George
Springfield Mo.

Manner of injury no
Nature of injury no

20. FILED Apr 17 1938 Chas. A. George Local Registrar 290

24. Was disease or injury in any way related to occupation of deceased? no
 If so, specify no
 (Signed) A. E. Peedey M. D.
Springfield (Address)

CAUSE OF DEATH IN plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

STATEMENT BY LICENSED EMBALMER

I, J.B. Klingner, Licensed Embalmer No. 3358
hereby certify that the body recorded on the reverse side of this certificate was embalmed by J.B. Klingner
3358 L. E. Roy A. Cavin # 1763 Warr
No. 4005 or by _____, Registered Apprentice No. _____
working under my personal supervision.

Signed J.B. Klingner
Licensed Embalmer No. 3358

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.)