

REC'D JUN 23 1938

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

19210

Do not use this space.

1. PLACE OF DEATH

(a) County Sheeps Registration District No. 677
 (b) Township 1 Primary Registration District No. 4403 Registered No. 83
 (c) City Royal (d) Street No. _____ St.
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

Wenard Everett Campbell 514
 (a) Residence, No. Royal mo St. (If nonresident, give city or town and State)
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX W 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) _____

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 26, 1938

7. AGE YEARS MONTHS DAYS If LESS than 1 day,hra. ormin.
0 | 1 | 7

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Child
 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 _____

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Royal mo13. NAME Everett Campbell14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Arlington mo15. MAIDEN NAME Santa Hannee16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Arlington mo17. INFORMANT Everett Campbell
(ADDRESS) Royal mo18. BURIAL, CREMATION, OR REMOVAL PLACE Arlington DATE June 3, 193819. FUNERAL DIRECTOR (NAME) (ADDRESS) Joe. F. Myers
Royal mo20. FILED June 3, 1938 Joe. F. Myers
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 3, 1938

22. I HEREBY CERTIFY, That I attended deceased from April 27, 1938, to June 3, 1938
 I last saw h. in alive on June 2, 1938. Death is said to have occurred on the date stated above, at 3:12 a.m.
 The principal cause of death and related causes of importance were as follows:

Other contributory causes of importance: Prenatal measles

Name of operation _____ Date of _____

What test confirmed diagnosis? Clinical Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? _____ Date of injury _____, 19____

Where did injury occur? _____ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify _____

(Signed) W. P. Patton, M. D.(Address) Royal mo

Date of onset

5/29/38193814/1/38

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.....

Licensed Embalmer No.....

P. O. Address.....

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, above space should be left blank.