

357 APR 24 1939

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

9840  
Do not use this space.

1. PLACE OF DEATH

(a) County Adair Registration District No. 4  
 (b) Township 1 Primary Registration District No. 3001 Registered No. 66  
 (c) City Huberville (d) Street No. 3001 Hospital 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. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

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

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M 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) March 16 1939  
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, ... hrs. or ... min.

OCCUPATION  
 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.  
 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) Huberville  
 (STATE OR COUNTRY) Missouri

FATHER  
 13. NAME William Campbell

14. BIRTHPLACE (CITY OR TOWN) Huberville  
 (STATE OR COUNTRY) Missouri

MOTHER  
 15. MAIDEN NAME Thelma Foreman

16. BIRTHPLACE (CITY OR TOWN) Huberville  
 (STATE OR COUNTRY) Missouri

17. INFORMANT Wesley Campbell  
 (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL  
 PLACE Graveland 1047 DATE March 17 1939

19. FUNERAL DIRECTOR (NAME) J. J. Kelly & Co.  
 (ADDRESS) Adair, Mo.

20. FILED Mar 17 1939 Spencer L. Tolman Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 16 1939  
 22. I HEREBY CERTIFY, That I attended deceased from March 16 1939, to March 16 1939, 19...  
 I last saw him alive on March 16 1939. Death is said to have occurred on the date stated above, at 1300A  
 The principal cause of death and related causes of importance were as follows:

Premature Infant

Other contributory causes of importance: 159

Name of operation..... Date of.....  
 What test confirmed diagnosis?..... Was there an autopsy?.....

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?.....  
 If so, specify.....  
 (Signed) H. G. Gehring D.O., M. D.  
W. A. ...

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

RECORD

RECEIVED

District Health Officer No. 10

District File Number 10-39-508

Date Filed APR 11 1939

**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.**