

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

17
3
1

REC'D JUL 14 1939

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

21782
Do not use this space.

1. PLACE OF DEATH
 (a) County Carrace Registration District No. 135
 (b) Township 1 Primary Registration District No. 3010
 (c) City Carrleton (d) Street No. 616 Pearl 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 John P. Campbell
 (a) Residence, No. 616 Pearl St. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

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

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR WIFE OF) Meremna Jane Campbell

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 07-18-1857

7. AGE YEARS <u>81</u>	MONTHS <u>11</u>	DAYS <u>10</u>	If LESS than 1 day, hrs. or min.
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OCCUPATION

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Retired Farmer

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) Cumberland Ky

MOTHER

13. NAME Unknown Campbell

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Cumberland Ky

15. MAIDEN NAME Nancy M. D. Small

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Cumberland Ky

17. INFORMANT (ADDRESS) John P. Campbell Carrleton Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Oak Hill Cem DATE 6-30 1939

19. FUNERAL DIRECTOR (ADDRESS) Willis Funeral Home Carrleton Mo

20. FILED 6/30 1939 Arch Haskins Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 6-28 1939

I HEREBY CERTIFY That I attended deceased from April 23 1939 to June 28 1939

I last saw him alive on 6-30 1939. Death is said to have occurred on the date stated above, at 8:00 m.

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

Other contributory causes of importance:
Frodoic hypertrophy

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ 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. G. Atwood M. D.
130 (Address) Carrleton Mo

Date of onset
4/30
39

RECEIVED
District Health Officer No. 8,
District File Number
Date Filed 7/27/37

STATEMENT BY LICENSED EMBALMER

I, Ralph Van Landingham Licensed Embalmer No. 4009

hereby certify that the body recorded on the reverse side of this certificate was embalmed by me

L. E.

No. _____ or by _____, Registered Apprentice No. _____
working under my personal supervision.

Signed Ralph Van Landingham
Licensed Embalmer No. 4009

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.)