

14 JUN 14 1939

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

21969  
Do not use this space.

1. PLACE OF DEATH 2

(a) County DeKalb Registration District No. 262

(b) Township Polk Primary Registration District No. 4101

(c) City Union Star, Mo (d) Street No. \_\_\_\_\_ St.

(e) Length of residence in city or town where death occurred 70 yrs. mos. ds. (f) How long in U.S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Cora Belle Campbell

(a) Residence, No. Union Star Mo. St.  (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

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

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 30, 1860

7. AGE YEARS MONTHS DAYS If LESS than 1 day, \_\_\_\_\_ hra. or \_\_\_\_\_ min.

79 2

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

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 1

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Waterloo Iowa 9

13. NAME ? Smith 9

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) unknown 9

15. MAIDEN NAME Sarah Moberly

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

17. INFORMANT (ADDRESS) A M Campbell King City Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Union Star Mo DATE June 4, 1939

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Lucile M Wilson King City Mo

20. FILED June 3, 1939 R M Reynolds Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 1, 1939

22. I HEREBY CERTIFY that I attended deceased from January 134, to June 1, 1939

I last saw her alive on June 1, 1939. Death is said to have occurred on the date stated above, at 11:00 P.M.

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

Cardio-vascular-renal disease Date of onset \_\_\_\_\_

Other contributory causes of importance: 171

Atherosclerosis

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? \_\_\_\_\_

If so, specify \_\_\_\_\_

(Signed) Walter S. Rockford No. 237 (Address) Union Star, Mo.

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

K. 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.

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RECEIVED

District No. 19

District No. 739-898

Date Filed JUL 13 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 *Lucile M. Wilson*

Licensed Embalmer No. *2830*

P. O. Address *King City, Mo.*

**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.