

WRITE PLAINLY, WITH UNWAVERING 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.

JUL 6 1939

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

22465
Do not use this space.

1. PLACE OF DEATH

(a) County Johnson Registration District No. 431
(b) Township Hazel Hill Primary Registration District No. 5591 Registered No. 81
(c) City (d) Street No. 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 Ada Campbell Parker

(a) Residence, No. 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

3. SEX Female
4. COLOR OR RACE White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Marion Parker
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 15th 1898
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
41 2 1
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. House Wife
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) Columbus, Mo.

FATHER 13. NAME James J. Campbell

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Howard Co. Mo.

MOTHER 15. MAIDEN NAME Rosa Stout

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Columbus, Mo.

17. INFORMANT Marion Parker
(ADDRESS) Warrensburg, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Oak Grove DATE 6/18/39

19. FUNERAL DIRECTOR (NAME) A. H. Hader
(ADDRESS) Higginsville, Mo.

20. FILED June 19, 1939 Eena Gentry
Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 16, 1939

22. I HEREBY CERTIFY that I attended deceased from Jan 1st, 1939 to June 16, 1939
I first saw him alive on June 14, 1939 Death is said to have occurred on the date stated above at 3:30 P.M.
The principal cause of death and related causes of importance were as follows:

Subacute Endocarditis
Streptococcus Viridans [Subacute
Endocarditis, Streptococcus Viridans]
Other contributory causes of importance:
no

Name of operation no Date of operation
What test confirmed diagnosis? no 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) A. H. Hader M. D.
Warrensburg, Mo. (Address)

*Miss Eva ...
Lombard ...*

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 *W.H. ...*

Licensed Embalmer No. *3637*

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.