

DEC 15 1939
Registration District No. 282

Primary Registration District No. 5401

State File No.

Registrar's No. 26

1. PLACE OF DEATH:
(a) County Dunklin Mo.
(b) City or town Near Campbell Mo.
(c) Name of hospital or institution:
Home Campbell "Rural" 2
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
(Specify whether _____)
In this community most of life
years, months or days

2. USUAL RESIDENCE OF DECEASED: 1
(a) State Missouri (b) County Dunklin
(c) City or town Near Campbell "Rural"
(If outside city or town limits, write "RURAL")
(d) Street No. R.R. near Campbell Mo.
(If rural, give location)
(e) If foreign born, how long in U. S. A? _____ years.

3. (a) PRINT FULL NAME Wilber h Riddle 3141
(b) If veteran, name war no.
(c) Social Security No. HO

20. DATE OF DEATH: Month Nov. day 20
year 1939 hour _____ minute 8³⁰ a. M.

4. Sex male 5. Color or race white 6. (a) Single, widowed, married, divorced divorced
(b) Name of husband or wife Grace 6. (c) Age of husband or wife if alive 35 years
7. Birth date of deceased April 24 1915
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Nov 13 1939 to Nov 20 1939
that I last saw him alive on _____, 19____
and that death occurred on the date and hour stated above.

8. AGE: Years _____ Months 6 Days 25 If less than one day _____ hr. _____ min.

Immediate cause of death Pulmonary T.B. 2nd & 3rd
Due to new exposure especially noticed
Due to _____

9. Birthplace Campbell Mo Mo.
(City, town, or county) (State or foreign country)
10. Usual occupation clerk "store"

Other conditions in state Southern 3 yrs
(Include pregnancy within 3 months of death)

11. Industry or business _____
12. Name J. F. Riddle
13. Birthplace Mo. Campbell "Rural"
(City, town, or county) (State or foreign country)
14. Maiden name Agnes Benick
15. Birthplace Mo. Campbell "Rural"
(City, town, or county) (State or foreign country)

Major findings:
Of operations
Of autopsy not

16. (a) Informant's own signature Louis Riddle
(b) Address Campbell, Mo. Rt.
17. (a) Bethney (b) Date thereof Nov. 22-39
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place burial or cremation Bethney

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify)
(b) Date of occurrence _____
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

18. (a) Signature of funeral director L. Address Funeral H.
(b) Address Campbell, Mo. 256
19. (a) Nov 20 1939 (b) E. St. Landess
(Date received local registrar) (Registrar's signature)

While at work? _____ (Specify type of place)
(e) Means of injury _____
23. Signature Truman L. ... (M.D. or other) DR
Address Malden Mo Date signed Nov 20

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.

RECEIVED

District Health Officer No. 3,

District File Number 1239-684

Date Filed 12/4/39

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.