

JAN 12 1940
Registration District No. **411**

Primary Registration District No. **2002**

Registrar's No.

1. PLACE OF DEATH:

(a) County Jasper
(b) City or town Jasper
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: St. Johns Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 20 min
(Specify whether
In this community 31 years
years, months or days)

3. (a) PRINT FULL NAME MARY ELLEN CAMPBELL

8. (b) If veteran, name war None 8. (c) Social Security None known

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Divorced

6. (b) Name of husband or wife Divorced 6. (c) Age of husband or wife if alive 1 years

7. Birth date of deceased August 29 1908
(Month) (Day) (Year)

8. AGE: Years 31 Months 3 Days 6 If less than one day hr. min.

9. Birthplace Webb City, Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation At home

11. Industry or business None

12. Name E. P. Gustafson

13. Birthplace Spokane, Kansas
(City, town, or county) (State or foreign country)

14. Maiden name Esther M. Chaffey

15. Birthplace Jasper, Mo.
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature E. P. Gustafson

(b) Address Webb City, Mo.

17. (a) Burial (b) Date thereof Dec. 8 1939
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Pines Cemetery

18. (a) Signature of funeral director W. E. Melcher
(b) Address Webb City, Mo.

19. (a) 12-9-39 (b) E. P. Gustafson
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Jasper (b) County Jasper
(c) City or town Webb City
(If outside city or town limits, write "RURAL")
(d) Street No. 925 1/2 Second St.
(If rural, give location)
(e) If foreign born, how long in U. S. A. ✓ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 5th
year 1939 hour 4 minute 30 P. M.

21. I hereby certify that I attended the deceased from 19 to 19
that I last saw her alive on December 5, 1939
and that death occurred on the date and hour stated above.

Immediate cause of death gunshot
in head by a 38 cal.
revolver
Due to a quarrel with
her boy friend

Due to 173

Other conditions 173
(Include pregnancy within 3 months of death)

Major findings: Investigation
Of operations: None

Of autopsy Investigation

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) Homicide

(b) Date of occurrence December 6 1939

(c) Where did injury occur? Jasper, Mo.
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?
Hotel (Specify type of place)
While at work? no (e) Means of injury gunshot

23. Signature A. T. Winchester (M. D. or other)
Address Jasper, Mo. Date signed 12-7-39

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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.

1 X1851 USE CHARCOAL BLACK INK—MAKE A PERMANENT RECORD

RECEIVED

District Health Officer No. 6,

District File Number 140-148

Date Filed JAN 1 0 1940

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.....

E. M. Seife..... Registered Apprentice No.....
working under my personal supervision.

Signed E. M. Seife.....

Licensed Embalmer No. 2857

P. O. Address 1512 K St

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.