DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
JAN 12 1940

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 43687

Registration District No. 411 Primary Registration District No. 2002 Registrar's No.

1. PLACE OF DEATH:

(a) County JASPER

(b) City or town JOPLIN (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 806 Jackson V (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether

In this community 55 years, months or days)

5.1

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI / (b) County JASPER

(c) City or town JOPLIN MISSOURI: (If outside city or town limits, write "RURAL")

(d) Street No. 806 JACKSON AVE: JOPLIN MO: (If rural, give location)

(e) If foreign born, how long in U. S. A.? NO years.

3. (a) PRINT FULL NAME HERMAN ELLSWORTH CAMPBELL

3. (b) If veteran, name war NO

3. (c) Social Security No. NO

4. Sex MALE

5. Color or race WHITE

6. (a) Single, widowed, married, divorced WIDOWER

6. (b) Name of husband or wife NANNIE

6. (c) Age of husband or wife if alive NO years

7. Birth date of deceased JAN. 10, 1865 (Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	74	10	25	hr. min.

9. Birthplace OHIO: (City, town, or county) (State or foreign country)

10. Usual occupation RETIRED ELECTRICAL ENGINEER

11. Industry or business

FATHER
12. Name ISSAC C. CAMPBELL
13. Birthplace PEN N: (State or foreign country)

MOTHER
14. Maiden name ELIZEBETH SHAVER
15. Birthplace OHIO. (City, town, or county) (State or foreign country)

16. (a) Informant's own signature Herman E. Campbell

(b) Address 806 JACKSON, JOPLIN MO:

17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof 12-6-39 (Month) (Day) (Year)

(c) Place: burial or cremation PARK CEM. CARTHAGE MO:

18. (a) Signature of funeral director HURLBUT UND. CO:

(b) Address JOPLIN MISSOURI:

19. (a) 12-6-39 (Date received local registrar) (b) Ed D James (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month DEC. day 5, 1939. year 0 hour minute 4 A.M.M.

21. I hereby certify that I attended the deceased from Oct 28, 39, 1939, to Dec 2, 1939, that I last saw him alive on , 19 ; and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Hemorrhage

Due to Nephritis, Chr.

Due to

Other conditions (Include pregnancy within 3 months of death) 131

Major findings:
Of operations
Of autopsy

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically

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? (Specify type of place)

While at work? (e) Means of injury

23. Signature H B Herr DO (Name or other)

Address 530 S Main St. Date signed 12/5/39

(Licensed Embalmer's Statement on Reverse Side)

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. 6,
District File Number 1410-1416
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 ....., Registered Apprentice No. ..... working under my personal supervision.

Signed Sam E. Senaeney
Licensed Embalmer No. 4099.
P. O. Address .....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wit the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.