

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE 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.

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAR 14 1940

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 7129
Registrar's No. 17

Registration District No. 461

Primary Registration District No. 3024

1. PLACE OF DEATH:
(a) County Lafayette
(b) City or town Lefington
(c) Name of hospital or institution South 8th
(d) Length of stay: In hospital or institution _____
In this community 55-9-4 years, months or days

3. (a) PRINT FULL NAME Isis Red Campbell
8. (b) If veteran, name war _____ 3. (c) Social Security No. 486-05-9414

4. Sex Male 5. Color or race Col. 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Mrs. Anna Campbell 6. (c) Age of husband or wife if alive 40 years
7. Birth date of deceased May 7-1893

8. AGE: Years 46 Months 9 Days 4 If less than one day _____ hr. _____ min.

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

10. Usual occupation Miner

11. Industry or business mining
12. Name Robert Campbell
13. Birthplace Wellington Missouri
14. Maiden name Fannie Hawkins
15. Birthplace Wellington Missouri

16. (a) Informant's own signature Anna Campbell
(b) Address 135 N. 11th

17. (a) Burial (b) Date thereof 2/14/40
(c) Place: burial or cremation Wellington, Mo.

18. (a) Signature of funeral director W. B. Jones
(b) Address 204 So 24 St

19. (a) Feb. 13/40 (b) Belia Bates
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Lafayette
(c) City or town Lefington
(d) Street No. South 8th
(e) If foreign born, how long in U. S. A. ? _____ years.

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Feb day 10 year 1940 hour 11 minute 45 P.M.
21. I hereby certify that I attended the deceased from 12-27-40 to 3-10-40

that I last saw her alive on 2/7/40 and that death occurred on the date and hour stated above.
Immediate cause of death Cerebral Struck Duration 8

Due to _____
Due to _____

Other conditions Chronic Myocarditis
(Include pregnancy within 3 months of death)

Major findings: Of operations _____
Of autopsy _____
PHYSICIAN _____
Underlines 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? _____
(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

While at work? _____ (Specify type of place) (e) Means of injury _____

23. Signature B. B. Brashe (M. D. or other) 1
Address Lefington Mo Date signed 2/13/40

RECEIVED
District Health Officer No. 8,
District File Number 3-12-40
Date Filed

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.....

George Henry Gwent, Registered Apprentice No. *235*

working under my personal supervision.

Signed *William Furley*

Licensed Embalmer No. *9105*
204-20 24th Street
P. O. Address *Foxinglan, Md.*

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.