

50 MAY 15 1942
Registration District No. _____

Primary Registration District No. 4583

1. PLACE OF DEATH:
 (a) County Scott
 (b) City or town Sikeston, Mo.
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: _____
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____
(Specify whether _____)
 In this community _____
 • years, months or days _____

2. USUAL RESIDENCE OF DECEASED:
 (a) State Mo. (b) County Scott
 (c) City or town Sikeston, Mo.
(If outside city or town limits, write "RURAL")
 (d) Street No. _____
(If rural, give location)
 (e) If foreign born, how long in U. S. A. _____ years.

3. (a) PRINT FULL NAME Lewis C. Campbell 514
 3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month April day 30
 year 1940 hour 7:10 minute 0 M.

4. Sex M 5. Color or race Col 6. (a) Single, widowed, married, divorced married
 6. (b) Name of husband or wife Martha A. Campbell 6. (c) Age of husband or wife if alive _____ years
 7. Birth date of deceased March A 20, 1879
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from April 30, 1940 to April 30, 1940
 that I last saw him alive on April 30, 1940
 and that death occurred on the date and hour stated above.

8. AGE: Years 63 Months 1 Days 10 If less than one day _____ hr. _____ min.

Immediate cause of death Cardiac arrest Duration 1 hour
Myocardial infarction
 Due to Left 1, 2, 3, 4, 5, 7, 8 arteries to heart
 Due to Infarction right side of heart
 Other conditions _____
(Include pregnancy within 3 months of death)

9. Birthplace Penn.
(City, town, or county) (State or foreign country)
 10. Usual occupation Farmer

Major findings: Of operations none JA
 Of autopsy none
 Underline the cause to which death should be charged statistically.

11. Industry or business _____
 12. Name Unknown
 13. Birthplace _____
(City, town, or county) (State or foreign country)
 14. Maiden name Unknown
 15. Birthplace _____
(City, town, or county) (State or foreign country)

22. If death was due to external causes, fill in the following:
 (a) Accident, suicide, or homicide (specify) Accident
 (b) Date of occurrence April 30, 1940
 (c) Where did injury occur? at home on farm
(City or town) (County) (State)
 (d) Did injury occur in or about home, on farm, in industrial place, in public place?
 While at work? no (e) Means of injury fall
 23. Signature Messing Anderson (M. D. or other) me
 Address Sikeston Mo Date signed 5-3-40

16. (a) Informant's own signature _____
 (b) Address Sikeston, Mo.
 17. (a) Burial (b) Date thereof May, 5, 40
(Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation Sikeston, Mo.
 18. (a) Signature of funeral director Allen Esai
 (b) Address Sikeston, Mo.
 19. (a) 5-9-1940 (b) W. H. Pruitt
(Date received local registrar) (Registrar's signature)

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. 2,

District File Number 540-1039

Date, Filed 5/14/40

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 April 3

....., Registered Apprentice No.....
working under my personal supervision.

Signed

Arden Ellis

Licensed Embalmer No. 3869

P. O. Address Substation

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.