

FILED JUN 22 1940

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

18116

Do not use this space.

1. PLACE OF DEATH

(a) County Carter Registration District No. 1030
 (b) Township Kelley Primary Registration District No. 5206 Registered No. _____
 (c) City _____ (d) Street No. _____
 (If death occurred in Hospital or Institution, write its name instead of street and number)
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

314 Richard Neal Campbell
 (a) Residence, No. Chilton mo St. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Infant

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 10, 1939

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
1 0 18

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.
 9. Industry or business in which work was done, as saw mill, bank, etc.
 10. Date deceased last worked at this occupation (month and year)
 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Chilton, Mo

13. NAME Charles Campbell

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Buffalo, N.Y.

15. MAIDEN NAME Margie Holland

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Chillicothe, Mo

17. INFORMANT (ADDRESS) Margie Holland
Chilton, Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Kelley - Cem. DATE 6. 29 1940

19. FUNERAL DIRECTOR (ADDRESS) Shirley Lane
Chilton, Mo

20. FILED 6-19 1940 Bladys H. Davis
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 28 1940

22. I HEREBY CERTIFY, That I attended deceased from 5-28 1940, to 5-28 1940

I last saw him alive on 5-28 1940 Death is said to have occurred on the date stated above, at 6 P. m.

The principal cause of death and related causes of importance were as follows:

Broncho-Pneumonia

Date of onset

5-27-40

Other contributory causes of importance: Enteritis 3-1-40

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? _____

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? _____ Date of injury _____, 19 _____

Where did injury occur? _____ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? _____

If so, specify _____

(Signed) Wm. H. Burton, M.D.

(Address) Jan. Bureau
Mo

RECEIVED

District Health Officer No. 5,

District File Number 640 715

Date Filed 6 21 40

STATEMENT BY LICENSED EMBALMER

I, _____, Licensed Embalmer No. _____

hereby certify that the body recorded on the reverse side of this certificate was embalmed by _____

_____ L. E. _____

No. _____ or by _____, Registered Apprentice No. _____

working under my personal supervision.

Signed _____

Licensed Embalmer No. _____

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