DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

18659

State File No.

Registration District No. 406 Primary Registration District No. 55 53 B Registrar's No. 103

1. PLACE OF DEATH:

(a) County Jackson Prin.

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

(c) Name of hospital or institution: County Home (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 5 yrs. (Specify whether years, months or days)

In this community

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Jackson

(c) City or town Little Blue Rural (If outside city or town limits, write "RURAL")

(d) Street No. County Home (If rural, give location)

(e) If foreign born, how long in U. S. A.? years.

3. (a) PRINT FULL NAME CAMPBELL MR. HARRY

3. (b) If veteran, name war 0

3. (c) Social Security No. 0

4. Sex M.

5. Color or race W.

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

6. (b) Name of husband or wife

6. (c) Age of husband or wife if alive ✓ years

7. Birth date of deceased May (Month) 5 (Day) 1865 (Year)

8. AGE: Years 75 Months 0 Days 2 If less than one day hr. min.

9. Birthplace New York (City, town, or county) (State or foreign country)

10. Usual occupation Laborer

11. Industry or business

FATHER
12. Name Unknown
13. Birthplace (City, town, or county) (State or foreign country)

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

16. (a) Informant's own signature W. H. McCarthy

(b) Address County Home

17. (a) removal (Burial, cremation, or removal) (b) Date thereof May 17-40 (Month) (Day) (Year)

(c) Place: burial or cremation Kirksville Col

18. (a) Signature of funeral director Kettler

(b) Address K C Mo.

19. (a) 5/19/40 (Date received local registrar) (b) Sara G. Bond (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 5 day 7 year 1940 hour 1 minute 30 P.M.

21. I hereby certify that I attended the deceased from 2-1, 1940 to 5-7, 1940 that I last saw him alive on 5-6, 1940 and that death occurred on the date and hour stated above.

Immediate cause of death General Debility

Due to Old Age

Due to Senile Debility

Other conditions (Include pregnancy within 3 months of death)

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? 932 (Specify type of place)

While at work? (e) Means of injury

23. Signature J W Greene (M. D. or other)

Address Independence Mo Date signed 5/16-40

(Licensed Embalmer's Statement on Reverse Side)

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.

Rev. 5-17-39 1 X19511

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.....

Licensed Embalmer No.....3991.....

P. O. Address.....5725 Virginia.....

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.