

Registration District No. 373

Primary Registration District No. 5520

State File No. \_\_\_\_\_

Registrar's No. 10

1. PLACE OF DEATH:

(a) County Holt

(b) City or town Rural - Lewis  
(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 40 years  
years, months or days

3. (a) PRINT FULL NAME Martha Jane Campbell 514

3. (b) If veteran, name war \_\_\_\_\_

3. (c) Social Security No. None

4. Sex Female

5. Color or race White

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

6. (b) Name of husband or wife James M. Campbell

6. (c) Age of husband or wife if alive 87 years

7. Birth date of deceased February 26, 1859  
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>81</u>	<u>4</u>	<u>23</u>	hr. _____ min.

9. Birthplace Rushville, Missouri  
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business \_\_\_\_\_

MOTHER FATHER

12. Name A. R. Smith

13. Birthplace Tennessee  
(City, town, or county) (State or foreign country)

14. Maiden name Arlene Hettie

15. Birthplace Tennessee  
(City, town, or county) (State or foreign country)

16. (a) Informant James M. Campbell

(b) Address Oregon, Missouri

17. (a) Burial (b) Date thereof 7/22/40  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Memorial Park, St. Joseph, Mo.

18. (a) Signature of funeral director James H. Pettigrew Mo. 334

(b) Address Oregon, Missouri

19. (a) July 20, 1940 (b) Ralph C. Grone  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Holt

(c) City or town Oregon  
(If outside city or town limits, write "RURAL")

(d) Street No. Rural  
(If rural, give location)

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 19  
year 1940 hour 6:00 minute \_\_\_\_\_ P. M.

21. I hereby certify that I attended the deceased from Jan 1  
1934 to July 19, 1940  
that I last saw her alive on July 10, 1940  
and that death occurred on the date and hour stated above.

Immediate cause of death Arteriosclerosis

Due to \_\_\_\_\_

Due to 92. W

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

PHYSICIAN

Major findings: \_\_\_\_\_

Of operations \_\_\_\_\_

Of autopsy same

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 R. F. Newberry (M. D. or other) \_\_\_\_\_

Address Oregon, Mo. Date July 20/40

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

4

RECEIVED

District Health Officer No. 11,

District File Number. 840-1318

Date Filed AUG 15 1940

9604

**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.....

*James H. Pettigrew*

Licensed Embalmer No.....

*3096*

P. O. Address.....

*Oregon Mo.*

**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.