

FILED SEP 24 1940

Registration District No. 840

Primary Registration District No. 6102 4511

Registrar's No. 26

I. PLACE OF DEATH:

(a) County Stoddard Co.
(b) City or town Purpus 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) 2
(d) Length of stay: In hospital or institution _____
(Specify whether _____)

In this community _____
years, months or days

3. (a) PRINT FULL NAME

Mary F. Campbell

(b) If veteran, name war _____

(c) Social Security No. _____

4. Sex F

5. Color or race White

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

6. (b) Name of husband or wife _____

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

7. Birth date of deceased

Sept-19-1870
(Month) (Day) (Year)

8. AGE:

Years 69 Months 10 Days 28
If less than one day _____ hr. _____ min.

9. Birthplace

Bloomfield R 2
(City, town, or county) (State or foreign country)

10. Usual occupation _____

11. Industry or business _____

MOTHER FATHER { 12. Name Andrew J. Moore

18. Birthplace Tenn.
(City, town, or county) (State or foreign country)

14. Maiden name Ira Bella Purpus

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

16. (a) Informant Mrs. Lela J. Roberts
(b) Address Purpus Mo

17. (a) Burial (b) Date thereof 8/8-1940
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Purpus

18. (a) Signature of funeral director Worthin

(b) Address Dexter Mc

19. (a) 8/21-1940 (b) B. Manna
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Stoddard
(c) City or town Purpus 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.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 8 day 10 - 6
year 1940 hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from 7.3.40, 1940, to 8.1, 1940, that I last saw him alive on 8.1, 1940, and that death occurred on the date and hour stated above.

Immediate cause of death Bacillary Dysentery Duration 7.3.40
Due to old age. to 8.1.40

Other conditions none
(Include pregnancy within 3 months of death)

Major findings: none

Of autopsy none

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? 898
(Specify type of place) _____
While at work? (e) Means of injury _____
23. Signature Dr. John H. Nelson (M.D. or other) O.R.
Address Purpus, Mo Date signed _____

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

RECEIVED

District Health Officer No. 2,

District File Number 940-1435

Date Filed 9/7/40

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.....

Virgil H. Helch....., Registered Apprentice No.....
working under my personal supervision.

Signed Virgil H. Helch
Licensed Embalmer No. 4102
P. O. Address Dexter, 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.