

No. 2
4-13-40
5-17-39
PI X23159

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **33263**

Registration District No. _____ Primary Registration District No. **4491** Registrar's No. _____

FILED OCT 23 1940
815

1. PLACE OF DEATH:
(a) County Scott
(b) City or town Blodgett
(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 2
In this community Several Years (Specify whether years, months or days)

3. (a) PRINT FULL NAME Lottie Ann Campbell
3. (b) If veteran, name war None 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 Joseph Campbell 6. (c) Age of husband or wife if alive 58 years
7. Birth date of deceased July 26th, 1879
(Month) (Day) (Year)

8. AGE: Years 61 Months 1 Days 23 If less than one day hr. min.

9. Birthplace Union County Kentucky
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business At Home

12. Name Joseph Hoots

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

14. Maiden name Not Known

15. Birthplace Not Known
(City, town, or county) (State or foreign country)

16. (a) Informant Joseph Campbell
(b) Address Blodgett, Mo

17. (a) Burial (b) Date thereof 9/20/1940
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Blodgett Cemetery

18. (a) Signature of funeral director Lair-Nunnelee
(b) Address Charleston, Mo.

19. (a) Sept 21 1940 (b) [Signature]
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Scott
(c) City or town Blodgett, Mo
(If outside city or town limits, write "RURAL")
(d) Street No. 0
(If rural, give location)
(e) If foreign born, how long in U. S. A.? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 19th
year 1940 hour 6 minute 15 p.M.

21. I hereby certify that I attended the deceased from only on
9-15-'40 19____ to _____ 19____
that I last saw her alive on 9-15-'40 19____
and that death occurred on the date and hour stated above.

Immediate cause of death Anemia, Pernicious.
Duration Don't know

Due to _____
Due to _____

Other conditions (include pregnancy within 3 months of death)
Major findings: Of operations _____
Of autopsy _____

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?
While at work? _____ (e) Means of injury _____

23. Signature C. C. Presnell (M. D. or other) M.D.
Address Charleston, Missouri Date signed 9-25-40

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

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 C. E. Pennington
Licensed Embalmer No. 4164
P. O. Address Charleston, 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, fact should be so stated above.