DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

35766

State File No. 83

NOV 20 1940

Registration District No. 963 Primary Registration District No. 3692 Registrar's No. 211

1. PLACE OF DEATH

(a) County McDonald

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

(c) Name of hospital or institution: G/L

(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether

In this community 20
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County McDonald

(c) City or town Rural Noel
(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.

3. (a) PRINT FULL NAME James Hershel Campbell

3. (b) If veteran, name war

3. (c) Social Security No. no

4. Sex M

5. Color or race W

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

6. (b) Name of husband or wife Lillie A. Campbell

6. (c) Age of husband or wife if alive 62 years

7. Birth date of deceased 6 (Month) 29 (Day) 1876 (Year)

8. AGE: Years 64 Months 3 Days 7 If less than one day hr. min.

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

10. Usual occupation Farmer

11. Industry or business

FATHER
12. Name George Campbell
13. Birthplace Lebanon (City, town, or county) Tenn (State or foreign country)

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

16. (a) Informant's own signature Mrs Jas. Campbell

(b) Address Noel Mo R R No 2

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Oct 7 1940 (Month) (Day) (Year)

(c) Place: burial or cremation Noel Cemetery

18. (a) Signature of funeral director Lee A Carney

(b) Address Pineville Mo

19. (a) Oct 7 1940 (Date received local registrar) (b) C Alexander (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH Month Oct day 6 year 1940 hour 4 minute 30 P M.

21. I hereby certify that I attended the deceased from June 1938 to Oct 6, 1940 that I last saw him alive on Oct 1st, 1940 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Heart exhaustion sudden	
Due to Hypertension	2 years
Due to Cerebral Hemorrhage	1 year
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? 465 (Specify type of place)

While at work? (e) Means of injury

23. Signature H. A. Leaming (M. D. or other)

Address Noel Mo Date signed 10/7 1940

(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 st
CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very importa

Rev. 5-17-39 1 X19511

RECEIVED
District Health Officer No. 6,
District File Number 1140-2786
Date Filed NOV 4 1940 NOV 4 1940

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.....

P. O. Address.....

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.

S. No. 2B
M—2-21-40
I X22659

ROWENA MOORE

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 35-761

Registration District No. 963 Primary Registration District No. 5692 Registrar's No.

SUPPLEMENTARY

1. PLACE OF DEATH:

(a) County McDonald

(b) ~~City or town~~ Elk T.P.
(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 years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State (b) County

(c) City or town
(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.

3. (a) PRINT FULL NAME James Hershel Campbell

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex M

5. Color or race W

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

6. (b) Name of husband or wife

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

7. Birth date of deceased (Month) (Day) (Year)

8. AGE: Years 64 Months 3 Days 7 If less than one day hr. min.

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

10. Usual occupation

11. Industry or business

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

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

16. (a) Informant
(b) Address

17. (a) (Burial, cremation, or removal) (b) Date thereof (Month) (Day) (Year)
(c) Place: burial or cremation

18. (a) Signature of funeral director
(b) Address

19. (a) (Date received local registrar) (b) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 6
year 1940 hour minute M.

21. I hereby certify that I attended the deceased from , 19 , to , 19 ;
that I last saw h alive on , 19 ;
and that death occurred on the date and hour stated above.

Immediate cause of death Heart Exhaustion

Due to Hypertension

Due to Cerebral Hemorrhage

Myocarditis acute

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations 93 W

Of autopsy

Duration: sudden 2 yr 1 yr 2 weeks

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?
(Specify type of place)
While at work? (e) Means of injury

23. Signature H A Leaming (M. D. [redacted])
Address Noel Mo. Date signed 12-14-1940