

36520

State File No. _____

Registrar's No. _____

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

NOV 25 1940

Registration District No. 821

Primary Registration District No. 4503

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.

1. PLACE OF DEATH:

(a) County SCOTT
 (b) City or town SIKESTON, 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) _____
 (d) Length of stay: In hospital or institution 5 D.
 (Specify whether _____)

In this community _____
 years, months or days

8. (a) PRINT FULL NAME ELVA Lucille Campbell
 8. (b) If veteran, name war _____ 8. (c) Social Security No. _____

4. Sex ♀ 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 JAN 4 30
 (Month) (Day) (Year)

8. AGE: Years	Months	Days	If less than one day
<u>10</u>	<u>4</u>	<u>6</u>	hr. _____ min. _____

9. Birthplace SIKESTON, MO. 1. 0
 (City, town, or county) (State or foreign country)

10. Usual occupation school child

11. Industry or business _____

MOTHER FATHER

12. Name OSCAR Campbell
 13. Birthplace Mazell Monroe, Ill.
 (City, town, or county) (State or foreign country)
 14. Maiden name Mazell Campbell
 15. Birthplace BERTRAND, MO.
 (City, town, or county) (State or foreign country)

16. (a) Informant's own signature Wm. Beck
 (b) Address n. Ramen

17. (a) Beck (b) Date thereof July 14, 40
 (Burial, cremation, or removal) (Monthly) (Day) (Year)
 (c) Place: burial or cremation SIKESTON, MO.

18. (a) Signature of funeral director Edwin Eddy
 (b) Address _____

19. (a) 11-6-1940 (b) Wm. Beck
 (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County Scott
 (c) City or town SIKESTON, 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 July day 12
 year 1940 hour 1 p. minute 30 M.
 21. I hereby certify that I attended the deceased from 7-7-1937
7-8, 1940, 19____;
 that I last saw h_____ alive on 7-8-40, 19____;
 and that death occurred on the date and hour stated above.

Immediate cause of death _____
Myocarditis
 Due to ac. Rheumatiz 1938
fever
 Due to depleted tissues 1937

Other conditions _____
 (Include pregnancy within 3 months of death)

Duration	<u>2 yrs.</u>
Due to	<u>1938</u>
Due to	<u>1937</u>
Other conditions	
Major findings:	
Of operations	<u>93 C</u>
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?
740
 (Specify type of place) _____
 (e) Means of injury _____

23. Signature Thomas C. McClure (M. D. or other) _____
 Address Sikeston, Mo. Date signed 11-5-40

RECEIVED

District Health Officer No. 2

District File Number 1140-166

Date Filed 11/7/40

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 July 12, 40

....., Registered Apprentice No.....
working under my personal supervision.

Signed John E. Egan

Licensed Embalmer No. 3869

P. O. Address St. Louis, 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.