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

FEB 14 1941

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 1813

Registration District No. 85 Primary Registration District No. 1001 Registrar's No. 43

11
1
7

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

1. PLACE OF DEATH:
(a) County Buchanan
(b) City or town St Joseph (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 1206 South 10th str (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether
In this community Since 1918 years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Buchanan 11
(c) City or town St Joseph 7 (If outside city or town limits, write "RURAL")
(d) Street No. 1206 So 10th str (If rural, give location)
(e) If foreign born, how long in U. S. A.? ✓ years.

3. (a) PRINT FULL NAME Mrs Elizabeth Sarah Campbell
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 Widow 2
6. (b) Name of husband or wife James A Campbell
6. (c) Age of husband or wife if alive years
7. Birth date of deceased May (Month) 8, (Day) 1860 (Year)

8. AGE: Years 80 Months 8 Days 3 If less than one day hr. min.

9. Birthplace Halleck (City, town, or county) 0 Missouri (State or foreign country)
10. Usual occupation Housewife
11. Industry or business ✓
FATHER
12. Name Dr James Henry Clay Robinson
13. Birthplace Louisville (City, town, or county) 1 Kentucky (State or foreign country)
MOTHER
14. Maiden name Josephine Finney
15. Birthplace Unknown (City, town, or county) 1 Kentucky (State or foreign country)
16. (a) Informant Mrs H. L. Cater
(b) Address Kansas City Kansas
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan. 12, 1941 (Month) (Day) (Year)
(c) Place: burial or cremation Vaucett Cemetery
18. (a) Signature of funeral director Mrs E.R. Sidenfaden Jr. H
(b) Address 602 So 10th Street
19. (a) 1-13-41 (Date received local registrar) (b) H Mistlebush (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 11 year 1941 hour 1.30 minute 8 M.
21. I hereby certify that I attended the deceased from Nov 21 1940, to Jan 11 1941; that I last saw her alive on Jan 11 1941; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Chronic Myo Carditis	6 weeks
Due to	
Due to 93 F	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy No	

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? 45 (Specify type of place)
While at work? (e) Means of injury
23. Signature J W Mays M D (M. D. or other) M D
Address 2801 Renick St Date signed 1-13-41

(Licensed Embalmer's Statement on Reverse Side)

ST. JOSEPH

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 Mollie E. Sidenfaden, Registered Apprentice No. 145 working under my personal supervision.

Signed R. V. West

Licensed Embalmer No. 3876

P. O. Address St. Joseph 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.