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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

FILED FEB 14 1941

State File No. 2614

Registration District No. 318 | Primary Registration District No. 2001 | Registrar's No. 59

1. PLACE OF DEATH:
(a) County GREENE
(b) City or town Springfield (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 1406 W. Calhoun (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution Lifetime (Specify whether years, months or days)
In this community

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo. (b) County Greene
(c) City or town Springfield (If outside city or town limits, write "RURAL")
(d) Street No. 1406 W. Calhoun (If rural, give location)
(e) If foreign born, how long in U. S. A.? 0 years.

3. (a) PRINT FULL NAME JAMES M. CAMPBELL
3. (b) If veteran, name war No
3. (c) Social Security No. None

4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Fannie O. Pratt Campbell
6. (c) Age of husband or wife if alive 67 years
7. Birth date of deceased August (Month) 18th (Day) 1875 (Year)

8. AGE: Years 65 Months 5 Days 21 If less than one day hr. min.

9. Birthplace Brighton, (City, town, or county) Mo. (State or foreign country)
10. Usual occupation Laborer
11. Industry or business
FATHER
12. Name James Campbell
13. Birthplace ~~Germany~~ Unknown (City, town, or county) Germany (State or foreign country)
MOTHER
14. Maiden name Unknown
15. Birthplace Unknown (City, town, or county) Unknown (State or foreign country)
16. (a) Informant Mary O. Shepherd
(b) Address 1210 N. Warren
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 1-19, 1941 (Month) (Day) (Year)
(c) Place: burial or cremation Bassville Cemetery
18. (a) Signature of funeral director Dunn Funeral Home
(b) Address Springfield, Mo.
19. (a) 1-19-41 (Date received local registrar) (b) W. E. Handley M.D. (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 17 year 1941 hour 4 minute A. M.
21. I hereby certify that I attended the deceased from Jan 13, 1941, to Jan 17, 1941; that I last saw him alive on Jan 13, 1941; and that death occurred on the date and hour stated above.

Immediate cause of death Influenza — Duration
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? (Specify type of place)
While at work? (e) Means of injury

23. Signature G. A. Wyman (M. D. or other) D
Address Springfield Date signed

(Licensed Embalmer's Statement on Reverse Side)

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 J B Klingell

Licensed Embalmer No. 3358

P. O. Address Springfield, M

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wi the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.