

REC'D FEB 25 1940

Registration District No. 384

Primary Registration District No. 4227

Registrar's No. _____

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

1. PLACE OF DEATH:

(a) County Howell

(b) City or town West Plains Mo.
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 1
(If not in hospital or institution, write street number or location)

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

In this community 40 yrs.
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Howell

(c) City or town West Plains
(If outside city or town limit, write "RURAL")

(d) Street No. _____ (If rural, give location) 0

(e) If foreign born, how long in U. S. A.? _____ years.

3. (a) PRINT FULL NAME Sarah J Campbell

3. (c) Social Security No. _____

8. (b) If veteran, name war _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 14th
year 1940 hour Six minute ## P.A.M.

21. I hereby certify that I attended the deceased from January
12th, 19 40 to Dec. 14th 19 40
that I last saw h. er alive on Dec. 14th, 19 40
and that death occurred on the date and hour stated above.

4. Sex fe. 5. Color or race W. 6. (a) Single, widowed, married, 2 divorced, widowed

6. (b) Name of husband or wife Joseph Campbell 6. (c) Age of husband or wife if alive years

7. Birth date of deceased: Feb. 17 1854
(Month) (Day) (Year)

Immediate cause of death	Duration
<u>Pulmonary Tuberculosis, chronic.</u>	<u>?</u>
Due to <u>Infection of T.B. Germs.</u>	<u>?</u>
Due to <u>fracture</u>	<u>13 1/2</u>
Other conditions <u>An un-united/left Femur</u> (include pregnancy within 3 months of death) <u>through the neck & Chr. Arthritis.</u>	<u>8 yrs</u>
Major findings: Of operations <u>None.</u>	PHYSICIAN _____
Of autopsy <u>None.</u>	Underline the cause to which death should be charged statistically.

8. AGE: Years 86 Months 9 Days 27 If less than one day _____ hr. _____ min.

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

10. Usual occupation Housewife

11. Industry or business _____

MOTHER FATHER

12. Name Tom Mitchel

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

14. Maiden name Barly

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

16. (a) Informant May Davis
(b) Address West Plains Mo.

17. (a) Burial (b) Date thereof 12/17/40
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Oak Lawn

18. (a) Signature of funeral director Robertson's

(b) Address West Plains, Mo

19. (a) 1-8-41 (b) Vida W SIMONS
(Date received local registrar) (Registrar's signature)

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? 3-14-41
(Specify type of place) _____
While at work? (e) Means of injury _____

23. Signature A. H. Thoenburg (M. D. or other) M.D.
Address West Plains, Missouri. Date signed 1/2/41.

A. H. Thoenburg

RECEIVED

District Health Officer No. 5,

District File Number 24129

Date Filed _____

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

Paige D. Robertson

Licensed Embalmer No.

by Johnny Fisher
3435

P. O. Address

West Plains, 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.