

FILED FEB 18 1941

Registration District No. 891

Primary Registration District No. 6191

Registrar's No. 1

1. PLACE OF DEATH: Wayne

(a) County: Wayne

(b) City or town: Benton 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

In this community: years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State: Missouri (b) County: Wayne III

(c) City or town:

(d) Street No.:

(e) If foreign born, how long in U. S. A.?: 0 years.

3. (a) PRINT FULL NAME: John Thomas Campbell

3. (b) If veteran, name war: (c) Social Security No.:

4. Sex: Male 5. Color or race: White 6. (a) Single, widowed, married, divorced, Married

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

7. Birth date of deceased: February 5 1864 (Year)

8. AGE: Years 76 77	Months 10	Days 27	If less than one day
			hr. min.

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

10. Usual occupation: Farmer

11. Industry or business:

12. Name: Andrew Campbell

13. Birthplace: Unknown (City, town, or county) (State or foreign country)

14. Maiden name: Unknown

15. Birthplace: Unknown (City, town, or county) (State or foreign country)

16. (a) Informant: Dave Clark

(b) Address:

17. (a) (b) Date thereof: (Month) (Day) (Year)

(c) Place: burial or cremation: Russel Cemetery 173, 1941

18. (a) Signature of funeral director: F. L. Yates, 730

(b) Address: Piedmont, Mo.

19. (a) 2-7-1941 (Date received local registrar) (b) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month: Jan, day: 1st, 1941

year: 1941 hour: minute: M.

21. I hereby certify that I attended the deceased from Jan 11 - 1941 to Jan 1st 1941

that I last saw him alive on Jan 1st 1941

and that death occurred on the date and year stated above.

Immediate cause of death: Myocardial infarction

and coronary atherosclerosis

Due to:

Due to:

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

Major findings: Of operations:

Of autopsy:

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?

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

23. Signature: F. L. Yates (M. D. or other)

Address: Piedmont, Mo. Date signed:

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

**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.....

*Wm Rogers*

Licensed Embalmer No.....

*3905*

P. O. Address.....

*Belmont*

**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.**

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

State File No. 4750

Registration District No. 891

Primary Registration District No. 6191

Registrar's No. 1

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

1. PLACE OF DEATH:

(a) County Waynes  
 (b) City or town Barton 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 years, months or days)  
 In this community \_\_\_\_\_  
(Specify whether years, months or days)

3. (a) PRINT FULL NAME

John Thomas 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 \_\_\_\_\_ year

7. Birth date of deceased Feb 5 1864  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>76</u>	<u>10</u>	<u>27</u>	hr. _____ min. _____

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

10. Usual occupation \_\_\_\_\_

11. Industry or business \_\_\_\_\_

MOTHER FATHER { 12. Name \_\_\_\_\_

13. Birthplace \_\_\_\_\_  
(City, town, or county) (State or foreign country)

14. Maiden name \_\_\_\_\_

15. Birthplace \_\_\_\_\_  
(City, town, or county) (State or foreign country)

16. (a) Informant \_\_\_\_\_

(b) Address \_\_\_\_\_

17. (a) \_\_\_\_\_ (b) Date thereof \_\_\_\_\_  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation \_\_\_\_\_

18. (a) Signature of funeral director \_\_\_\_\_

(b) Address \_\_\_\_\_

19. (a) 2-7-1941 (b) T. C. Liles  
(Date received local registrar) (Registrar's signature)

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.

MEDICAL CERTIFICATION

20. DATE OF DEATH Month Jan day 1  
 year \_\_\_\_\_ 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 \_\_\_\_\_

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Major findings:  
 Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

Duration

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? \_\_\_\_\_

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

23. Signature T. C. Liles (M. D. or other) \_\_\_\_\_

Address Piedmont Date signed \_\_\_\_\_

SUPPLEMENTAL

