

1941 MAR 19 1941 744
Registration District No. _____

Primary Registration District No. 3035

Registrar's No. 22

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

1. PLACE OF DEATH:

(a) County Ray

(b) City or town Richmond
(If outside city or town limits, write "RURAL" and name of township)

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

(d) Length of stay: In hospital or institution about 10 yrs.
(Specify whether In this community _____ years, months or days) 10y.

3. (a) PRINT FULL NAME LETHA CAMPBELL

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

4. Sex Female 5. Color or race White

6. (a) Single, widowed, married, divorced Single

6. (b) Name of husband or wife _____

6. (c) Age of husband or wife if _____ years

7. Birth date of deceased Jan'y 29 1856
(Month) (Day) (Year)

8. AGE: Years 84 Months 11 Days 9 If less than one day hr. _____ min. _____

9. Birthplace Ray co. Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation House-wif

11. Industry or business _____

12. Name Morgan Callahan

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

14. Maiden name Harvey Hall

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

16. (a) Informant Mrs Mary Smith

(b) Address Richmond, R.F.D.

17. (a) Burial (b) State thereof Jan'y 11-41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation City Cem.

18. (a) Signature of funeral director A. W. Mansur

(b) Address Richmond Mo.

19. (a) Mar. 7-41 (b) Mabel Jackson
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Ray 89

(c) City or town Richmond 1
(If outside city or town limits, write "RURAL")

(d) Street No. 1
(If rural, give location) 0

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan'y day 8 year 1941 hour 10 minute 30 A.M.

21. I hereby certify that I attended the deceased from 1-2-41 to 1-8-41 that I last saw her alive on 1-7-41 and that death occurred on the date and hour stated above.

Immediate cause of death Bronchial Pneumonia
Due to 27 February

Due to _____
Other conditions mitral stenosis
(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? _____

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

23. Signature Thos J. Cook (M. D. or other) 0
Address Richmond Mo Date signed 3-8-41

Duration

56w

?

PHYSICIAN

Underline the cause to which death should be charged statistically.

RECEIVED
District Health Officer No. 8
District File Number
3-12-41

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 A. W. Mansur
Licensed Embalmer No. 4157
P. O. Address Richmond, Va.

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.