

Registration District No. 852

Primary Registration District No. 6124

Registrar's No. _____

1. PLACE OF DEATH:

(a) County Sullivan
(b) City or town Pollock, Mo.
(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)
In this community 81 years years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri County Sullivan
(b) City or town Pollock
(If outside city or town limits, write "RURAL")
(c) Street No. _____ (If rural, give location)
(d) _____
(e) If foreign born, how long in U. S. A.? _____ years

3. (a) PRINT FULL NAME Annemias Campbell

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Febr. day 1
year 1941 hour _____ minute _____ M.

3. (b) If veteran, name war no 3. (c) Social Security No. none

21. I hereby certify that I attended the deceased from Febr. 10, 1941, to Febr. 1, 1941; that I last saw him alive on Jan. 30, 1941; and that death occurred on the date and hour stated above.

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married
(b) Name of husband or wife Susan F. Campbell (c) Age of husband or wife if alive 80 years
7. Birth date of deceased Oct 26, 1859
(Month) (Day) (Year)

Immediate cause of death Branches Pneumonia Duration 1 wk

8. AGE: Years 81 Months 3 Days 5 If less than one day _____ hr. _____ min.

Due to Chronic hypertensive, secondary arteriosclerosis
Due to arteriosclerosis and prostatic hypertrophy
Other conditions _____ (include pregnancy within 3 months of death)

9. Birthplace Sullivan Co., Mo. (City, town, or county) (State or foreign country)

Major findings: _____
Of operations _____
Of autopsy _____

10. Usual occupation Farmer - retired

11. Industry or business _____
12. Name Eli Campbell
13. Birthplace Scotland (City, town, or county) (State or foreign country)
14. Maiden name Mary Jane Myers
15. Birthplace Indiana (City, town, or county) (State or foreign country)

22. If death was due to external causes, fill in the following:
Accident, suicide, or homicide (specify) _____

18. (a) Informant Mrs. Mary Jane Campbell
(b) Address Pollock

(b) Date of occurrence _____

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Febr. 2, 1941
(Month) (Day) (Year)

Where did injury occur? _____ (City or town) (County) (State)
(c) Did injury occur in or about home, on farm, in industrial place, in public place? _____

(c) Place: burial or cremation Pollock, Mo. (Specify type of place)

While at work? _____ (e) Means of injury _____

18. (a) Signature of funeral director Schogries

23. Signature J. C. Roberts (M. D. _____)

(b) Address Pollock, Mo.
19. (a) Mar. 8, 1941 (Date received local registrar) (b) Cleo Hagans (Registrar's signature)

Address Pollock, Mo. Date signed 2/5/41

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

55
0
0

RECEIVED

District Health Officer No. 10

District File Number 3-41-579

Date Filed MAR 10 1941

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 _____

Frank D. Schwene, Registered Apprentice No. _____
working under my personal supervision.

Signed Frank D. Schwene

Licensed Embalmer No. 2016

P. O. Address Melan, Md

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.