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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
AUG APR 15 1941

MISSOURI STATE BOARD OF HEALTH

# STANDARD CERTIFICATE OF DEATH

State File No. 11052

Registration District No. 411 Primary Registration District No. 5569 Registrar's No.

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

9
0
0

**1. PLACE OF DEATH:**

(a) County Jasper

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

(c) Name of hospital or institution: No Main R.R. 1 -
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution NONE (Specify whether
In this community 2 months
years, months or days)

**2. USUAL RESIDENCE OF DECEASED:** 49

(a) State Mo (b) County Jasper

(c) City or town Joplin - Rural - Galena
(If outside city or town limits, write "RURAL")

(d) Street No. R-1 - N. Main street
(If rural, give location)

(e) If foreign born, how long in U. S. A.? No --- years.

3. (a) PRINT FULL NAME Virgil James Campbell

3. (b) If veteran, name war ---------

3. (c) Social Security No. --

4. Sex M 0

5. Color or race W

6. (a) Single, widowed, married, divorced ------ 0

6. (b) Name of husband or wife

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

7. Birth date of deceased Jan (Month) 13th (Day) 1941. (Year)

8. AGE: Years 0 Months 1 Days 29 If less than one day hr. min.

9. Birthplace Joplin (City, town, or county) Mo. (State or foreign country) 0

10. Usual occupation ---------

11. Industry or business ------

FATHER
12. Name Virgil Campbell
13. Birthplace Chickasha (City, town, or county) Okla (State or foreign country) 1

MOTHER
14. Maiden name Dottie May Tonnies.
15. Birthplace Tulsa (City, town, or county) Okla. (State or foreign country) 1

16. (a) Informant Virgil Campbell
(b) Address RFD Joplin Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 3-13-1941 (Month) (Day) (Year)
(c) Place: burial or cremation Fairview cemetery

18. (a) Signature of funeral director Hurlbut Mud. Co
(b) Address Joplin Mo

19. (a) 3-13-41 (Date received local registrar) (b) Ed D James (Registrar's signature)

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month 3 day 12th year 1941 hour 5 minute 4 M.

21. I hereby certify that I attended the deceased from ....., 19.., to ....., 19..; that I last saw h.. alive on Did not see him alive; and that death occurred on the date and hour stated above.

Immediate cause of death Suffocation by bed clothes accidental

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) accident
(b) Date of occurrence Mch 12 '41
(c) Where did injury occur? Joplin (City or town) Jasper (County) Mo (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? 272 at home (Specify type of place)
While at work? (e) Means of injury Suffocation

23. Signature R. A. Webster (M. D. or other) Coroner
Address Carthage Mo Date signed Mch 12 '41

(Licensed Embalmer's Statement on Reverse Side)

46-4-335

## 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 Not Embalmed, Registered Apprentice No. ..... working under my personal supervision.

Signed Perry K Hurlbut

Licensed Embalmer No. 959

P. O. Address Joplin Mo

**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.**