

FILED MAY 9 1941

MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH

14420

Do not use this space.

## 1. PLACE OF DEATH

(a) County Dunklin Registration District No. 282  
(b) Township \_\_\_\_\_ Primary Registration District No. 4166 Registered No. 16 35  
(c) City Campbell Mo (d) Street No. 1 St. 1  
(If death occurred in Hospital or Institution, write its name instead of street and number)  
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

## 2. PRINT FULL NAME

(a) Residence, No. Emma Mansfield St.  (If nonresident, give city or town and State)  
Campbell Mo  
(Usual place of abode, if no street address, write county or city)

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE W. 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) 2 widow

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug 9 - 1869

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
71 7 19

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Home Keeping  
9. Industry or business in which work was done, as saw mill, bank, etc.  
10. Date deceased last worked at this occupation (month and year) \_\_\_\_\_ 11. Total time (years) spent in this occupation \_\_\_\_\_

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo O

FATHER 13. NAME Unknown

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo O

MOTHER 15. MAIDEN NAME Do

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo O

17. INFORMANT Lena Perkins  
(ADDRESS) Campbell

18. BURIAL, CREMATION, OR REMOVAL PLACE Woodlawn DATE Apr 8 1941

19. FUNERAL DIRECTOR (NAME) Leland Turner  
(ADDRESS) Campbell Mo

20. FILED 4/8 1941 E. Sanders  
Local Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 7 1941

22. I HEREBY CERTIFY, that I attended deceased from Feb. 11 1941 to April 7 1941

I last saw her alive on April 6 1941 Death is said

to have occurred on the date stated above, at 6 a. m.

The principal cause of death and related causes of importance were as follows:

Chronic Parenchymatous Nephritis  
Date of onset 3 yrs ago

Other contributory causes of importance: 17/18

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_

What test confirmed diagnosis? no Was there an autopsy? NO

23. If death was due to external causes (violence), fill in also the following:  
Accident, suicide, or homicide? \_\_\_\_\_ Date of injury \_\_\_\_\_ 19\_\_\_\_

Where did injury occur? \_\_\_\_\_ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury \_\_\_\_\_

Nature of injury \_\_\_\_\_

24. Was disease or injury in any way related to occupation of deceased? no  
If so, specify \_\_\_\_\_

(Signed) N. O. Davis M. D.

(Address) Walden

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

RECEIVED

District Health Officer No. 2,

District File Number 541-534

Date Filed 5/8/44

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.....

Christine Sanders

, Registered Apprentice No. 245-

working under my personal supervision.

Signed.....

C. Sanders

Licensed Embalmer No. 2289

P. O. Address.....

Cumby

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.