FILED MAY 23 1941

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 15094

Registration District No. 508 Primary Registration District No. 3026 Registrar's No. 86

1. PLACE OF DEATH:
(a) County: Livingston
(b) City or town: Chillicothe
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 1661 West Polk
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution: NO (Specify whether)
In this community: 21 YEARS
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County: Livingston
(c) City or town: Chillicothe
(If outside city or town limits, write "RURAL")
(d) Street No.: 1661 West Polk.
(If rural, give location)
(e) Citizen of foreign country? NO (Yes or No)
If yes, name country: 11

3. (a) PRINT FULL NAME: Mary Bryan Campbell
3. (b) If veteran, name war: 1
3. (c) Social Security No.: NO
4. Sex: Female
5. Color or race: White
6. (a) Single, widowed, married, divorced: Married
6. (b) Name of husband or wife: Husband
Arthur U. Campbell
(c) Age of husband or wife if alive: 69 years
7. Birth date of deceased: October (Month) 4 (Day) 1885 (Year)

8. AGE:

Years	Months	Days	If less than one day
55	7	9	hr. min.

9. Birthplace: Chillicothe, (City, town, or county) Missouri (State or foreign country)
10. Usual occupation: Housewife
11. Industry or business:
FATHER
12. Name: Alonzo A. Bryan
13. Birthplace: Livingston County (City, town, or county) Mo. (State or foreign country)
MOTHER
14. Maiden name: Maben Jones
15. Birthplace: Trenton (City, town, or county) Mo. (State or foreign country)
16. (a) Informant: Arthur U. Campbell
(b) Address: 1661 West Polk
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: May 14-1941 (Month) (Day) (Year)
(c) Place: burial or cremation: Edgewood Cem.
18. (a) Signature of funeral director: F. A. Meinershagen
(b) Address: Chillicothe, Mo.
19. (a) May 14-'41 (Date received local registrar) (b) H. M. Grace, M.D. (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month: May day: 13 year: 1941 hour: 12 minute: 30 A.M.
21. I hereby certify that I attended the deceased from July 4, 1940 to May 13-, 1941; that I last saw her alive on May 12, 1941; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Sarcoma of liver & colon	1 yr
Due to: Primary seat cancer of colon.	
Due to:	
Other conditions: none (Include pregnancy within 3 months of death)	

Major findings:
Of operations:
Of autopsy: Sarcoma of liver and colon

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? (Specify type of place)
While at work? (e) Means of injury:
23. Signature: H. M. Grace (M. D. or other) 11
Address: Chillicothe, Mo Date signed: 5-14-41

(Licensed Embalmer's Statement on Reverse Side)

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.....

Ebner Thomas, Registered Apprentice No.....

working under my personal supervision.

Signed Ebner Thomas

Licensed Embalmer No. 2640

P. O. Address Chillicothe M

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply w the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.