

FILED MAY 12 1941

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 15257

Registration District No. 593

Primary Registration District No. 356 5786 Registrar's No. _____

1. PLACE OF DEATH:

(a) County Montgomery
(b) City or town Rural
(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 _____
In this community Life (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Montgomery
(c) City or town RURAL
(If outside city or town limits, write "RURAL")
(d) Street No. 2 miles west of New Florence Mo
(If rural, give location)
(e) If foreign born, how long in U. S. A.? 0 years.

3. (a) PRINT FULL NAME Delia 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 alive _____ years

7. Birth date of deceased May 21 st 1881
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
59 II 6 hr. _____ min.

9. Birthplace Near New Florence Mo
(City, town, or county) (State or foreign country)

10. Usual occupation Home

11. Industry or business _____

MOTHER FATHER { 12. Name Robert Campbell
18. Birthplace Va
(City, town, or county) (State or foreign country)
14. Maiden name Eliza Denton
15. Birthplace Cooper Co Mo
(City, town, or county) (State or foreign country)

16. (a) Informant Ruth Campbell
(b) Address New Florence Mo

17. (a) Burial (b) Date thereof 4/28/41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation New Florence Cemetery

18. (a) Signature of funeral director [Signature]

(b) Address Montgomery City Mo

19. (a) 5-5-1941 (b) James O. Helm
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 27 year 1941 hour I minute 20am M.

21. I hereby certify that I attended the deceased from April 26, 1941 to April 27, 1941 that I last saw her alive on April 26, 1941 and that death occurred on the date and hour stated above.

Immediate cause of death Acute bronchitis
Pulmonary oedema, acute

Due to _____
Due to _____

Other conditions _____
(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? _____

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

23. Signature Buell Mercier M. II (M. D. or other) _____
Address Montgomery City Mo Date signed 4-28-41

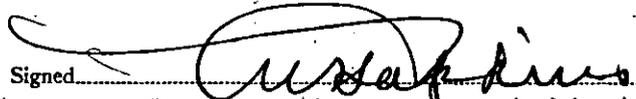
Duration
1 day
1 day
PHYSICIAN
Underline the cause to which death should be charged statistically.

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

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, only on the 27
day of April 1941, Registered Apprentice No. _____
working under my personal supervision.

Signed _____


Licensed Embalmer No. 1487

P. O. Address Montgomery City Mo

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.