No. 2
5-17-39
PI X26390

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

JUN 12 1941

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 18229

Registration District No. 449 Primary Registration District No. 5609 Registrar's No.

1. PLACE OF DEATH:

(a) County Laclede

(b) City or town Near Lebanon, Missouri (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: None (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution None (Specify whether years, months or days)

In this community 14 days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Pulaski 85

(c) City or town Fort Leonard Wood 0 (If outside city or town limits, write "RURAL") 0

(d) Street No. -- (If rural, give location)

(e) Citizen of foreign country? No- (Yes or No)

If yes, name country --

3. (a) PRINT FULL NAME Clarence E. Campbell

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

3. (c) Social Security No. --

4. Sex Male ( )

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 March (Month) 14 (Day) 1921 (Year)

8. AGE: Years 20 Months 2 Days 23 If less than one day - hr. - min.

9. Birthplace Unknown (City, town, or county) Unknown (State or foreign country)

10. Usual occupation Private - Headquarters Battery

11. Industry or business 80th F.A., U. S. Army(17004023)

FATHER
12. Name Glen Campbell
13. Birthplace Unknown (City, town, or county) Unknown (State or foreign country)

MOTHER
14. Maiden name Unknown Unknown
15. Birthplace Unknown (City, town, or county) Unknown (State or foreign country)

16. (a) Informant Commanding Officer, 80th F.A.

(b) Address Fort Leonard Wood, Missouri

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

(c) Place: burial or cremation Independence Ga

18. (a) Signature of funeral director Lee Clark

(b) Address Rolla Funeral Home - Rolla, Mo.

19. (a) June 9, 1941 (Date received local registrar) (b) [signature] (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June 10 day 7 year 1941 hour -- minute -- P. M.

21. I hereby certify that I attended the deceased from -- -- 19 to -- 19 ; that I last saw h -- alive on -- 19 ; and that death occurred on the date and hour stated above.

Immediate cause of death Rupture complete thoracic aorta, due to automobile accident.

Due to

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy performed and diagnosis confirmed.

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 June 7, 1941

(c) Where did injury occur? Near Lebanon, Laclede, Mo. (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? Public Highway - U.S. 66 (Specify type of place)

While at work? No (e) Means of injury Automobile

23. Signature [signature] (M. D. or other) M.D.

Address Fort Leonard Wood, Mo. Date signed 6/9/41

(Licensed Embalmer's Statement on Reverse Side)

1706
95

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.....

....., Registered Apprentice No.....

working under my personal supervision.

Signed.....

Licensed Embalmer No.....

P. O. Address.....

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, fact should be so stated above.

. S. No. 2B
00—4-25-41
I X27852

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. 18229

Registration District No. 449 Primary Registration District No. 5609 Registrar's No.

SUPPLEMENTARY

1. PLACE OF DEATH:

(a) County Laclede

(b) City or town Lebanon Twp.
(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 years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State (b) County

(c) City or town
(If outside city or town limits, write "RURAL")

(d) Street No.
(If rural, give location)

(e) Citizen of foreign country (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Clarence E. Campbell

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex M

5. Color or race W

6. (a) Single, widowed, married, divorced S

6. (b) Name of husband or wife

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

7. Birth date of deceased (Month) (Day) (Year)

8. AGE: Years 20 Months 2 Days 23 If less than one day hr. min.

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

10. Usual occupation

11. Industry or business

FATHER
12. Name
13. Birthplace (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name
15. Birthplace (City, town, or county) (State or foreign country)

16. (a) Informant
(b) Address

17. (a) (Burial, cremation, or removal) (b) Date thereof (Month) (Day) (Year)
(c) Place: burial or cremation

18. (a) Signature of funeral director
(b) Address

19. (a) (Date received local registrar) (b) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 7 year 1941 hour minute M.

21. I hereby certify that I attended the deceased from , 19 , to , 19 ; that I last saw h alive on , 19 ; and that death occurred on the date and hour stated above.

Immediate cause of death Rupture Complete Thoracic aorta auto accident

Due to Collision with a truck on highway 66, State maintained.

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations 170 C 22

Of autopsy Performed and diagnosis Confirmed

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) acc

(b) Date of occurrence June 7 1941

(c) Where did injury occur? Near Lebanon (City or town) (County) (State) Mo

(d) Did injury occur in or about home, on farm, in industrial place, in public place? Public Hgw U.S 66
(Specify type of place)

While at work? (e) Means of injury

23. Signature E A Rogers (M. D. or other) MD

Address Fr Lenard Wood, Mo. Date signed 7/28/41

S-18229