FILED JUN 19 1941

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 18681

Registration District No. 677 Primary Registration District No. 4403 Registrar's No. 89

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

1. PLACE OF DEATH:
(a) County Phelps
(b) City or town Rolla
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Grant Apartments
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution ____ (Specify whether
In this community 67 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo (b) County Phelps 81
(c) City or town Rolla 2
(If outside city or town limits, write "RURAL")
(d) Street No. Grant Apartments 2
(If rural, give location)
(e) If foreign born, how long in U. S. A.? 0 years.

3. (a) PRINT FULL NAME Joseph G. Campbell
3. (b) If veteran, name war ____ 3. (c) Social Security No. ____
4. Sex M 1 5. Color or race Wh 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Olive Campbell 6. (c) Age of husband or wife if alive ____ years
7. Birth date of deceased Mar. 12, 1874 (Month) (Day) (Year)

8. AGE: Years 67 Months 2 Days 2 If less than one day ____ hr. ____ min.

9. Birthplace Rolla Mo (City, town, or county) (State or foreign country)
10. Usual occupation Banker - Retired
11. Industry or business ____
MOTHER FATHER
12. Name Joseph Campbell
13. Birthplace County Armagh Ireland (City, town, or county) (State or foreign country)
14. Maiden name Elizabeth Garvey
15. Birthplace St Louis Mo (City, town, or county) (State or foreign country)
16. (a) Informant Mrs. J. G. Campbell
(b) Address Rolla Mo
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof May 16 1941 (Month) (Day) (Year)
(c) Place: burial or cremation Rolla Cem.
18. (a) Signature of funeral director Nullson
(b) Address Rolla Mo
19. (a) May 16, 1941 (Date received local registrar) (b) Jos. F. Ayers (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 14
year 1941 hour 12:00 minute 35 P.M.
21. I hereby certify that I attended the deceased from April 15, 1941, to May 14, 1941;
that I last saw him alive on May 14, 1941;
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: coronary occlusion	6 weeks
Due to: Chronic myocarditis	
Due to:	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

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? 610 (Specify type of place)
While at work? ____ (e) Means of injury ____
23. Signature E. E. Feind M.D. (M. D. or other) 1
Address Box 534 Rolla Mo Date signed 5-16-41

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 5,
District File Number 64-1737
Date Filed .....

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 S. L. Nuell

Licensed Embalmer No. 23394

P. O. Address Rolla 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.