S. No. 2
—11-10-39
. 5-17-39
I X21492

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILLED JUL 19 1941

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 20986

Registration District No. 1 Primary Registration District No. 1 Registrar's No. 200

1. PLACE OF DEATH:

(a) County Adair

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

(c) Name of hospital or institution: Grim-Smith Hospital (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 4 days (Specify whether years, months or days) In this community Life

2. USUAL RESIDENCE OF DECEASED: 52

(a) State Missouri (b) County Knox

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

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

(e) If foreign born, how long in U. S. A.? years.

3. (a) PRINT FULL NAME Kate Wilson Campbell

3. (b) If veteran, name war ✓ 3. (c) Social Security No. ✓

4. Sex F 5. Color or race W 6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife John Campbell 6. (c) Age of husband or wife if alive Dead years

7. Birth date of deceased 4 (Month) 1 (Day) 1866 (Year)

8. AGE: Years 75 Months 3 Days 6 If less than one day hr. min.

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

10. Usual occupation Housekeeper

11. Industry or business

FATHER
12. Name E. V. Wilson
13. Birthplace Roseville (Butler) (City, town, or county) Ohio (State or foreign country)

MOTHER
14. Maiden name Jane Delphan
15. Birthplace Roseville (Butler) (City, town, or county) Ohio (State or foreign country)

16. (a) Informant [illegible]
(b) Address Edina, Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 7- (Month) 8- (Day) 41 (Year)
(c) Place: burial or cremation Linville Cemetery

18. (a) Signature of funeral director Keith Hudson
(b) Address Edina Missouri

19. (a) July 8, 1941 (Date received local registrar) (b) Spencer L. [illegible] (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 6th year 1941 hour 6 minute 10 P. M.

21. I hereby certify that I attended the deceased from July 2, 1941 to July 6, 1941; that I last saw her alive on July 6th, 1941; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Cerebral hemorrhage	8 days
Due to general senile arteriosclerosis	5 yrs.
Due to senility	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations XX	
Of autopsy XX	

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)
3 While at work? (e) Means of injury

23. Signature E. S. Smith (M. D. ~~or other~~) U
Address E. S. Smith, M. D. Kirksville, Mo. Date signed 7-8-41

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 10
District File Number 7-41-1384
Date Filed JUL 16 1941

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 Keith Hudson

Licensed Embalmer No. 2415

P. O. Address Edina, Missouri

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.