

0. 2
13-40
7-39
DC23159

FILED AUG 15 1941

Registration District No. 318

Primary Registration District No. 2001

Registrar's No. 560

1. PLACE OF DEATH:

(a) County GREENE
(b) City or town Springfield
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Burge Hosp.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 0 (Specify whether
In this community _____ years, months or days)

3. (a) PRINT FULL NAME Glyndora Campbell

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

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Single

6. (b) Name of husband or wife None 6. (c) Age of husband or wife if alive XX years

7. Birth date of deceased July 9 1941
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
✓ 0 0 0 1 hr. 30 min.

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

10. Usual occupation Sty

11. Industry or business _____

MOTHER FATHER { 12. Name Charles W. Campbell

13. Birthplace Louisburg Missouri
(City, town, or county) (State or foreign country)

14. Maiden name Mildred Flood

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

16. (a) Informant Charles W. Campbell
(b) Address Springfield, Mo.

17. (a) Burial (b) Date thereof July 10 1941
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Eastlawn

18. (a) Signature of funeral director H.H. Lohmeyer
(b) Address Springfield, Mo.

19. (a) 7-10-41 (b) W. E. Handley
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED: 039

(a) State Missouri (b) County Greene 02

(c) City or town Springfield
(If outside city or town limits, write "RURAL") 6

(d) Street No. 722 N. Main
(If rural, give location)

(e) If foreign born, how long in U. S. A.? 0 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 9
year 1941 hour 11 minute p. M.

21. I hereby certify that I attended the deceased from 7,9,41 19... to 7,9,41 19...
that I last saw her alive on 7,9,41 19...
and that death occurred on the date and hour stated above.

Immediate cause of death: Prematurity- 6 mo. pregnancy

Duration _____

Due to _____

Due to _____ 159

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? _____

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

Signature F. Musick (M. D. or other) MD
Address Springfield, Mo. Date signed 7, 11, 41

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, 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 the above constitutes grounds for revocation of license.)

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