

Dr. Pearce
DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUSMISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. _____

AUG 7 1941 875

Registration District No. _____

Primary Registration District No. 3039

Registrar's No. 224

1. PLACE OF DEATH:

(a) County Vernon
 (b) City or town Nevada
 (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 years, months or days)
 In this community Two days

8. (a) PRINT FULL NAME Elishia Osborn Campbell8. (b) If veteran, name war no 8. (c) Social Security No. none4. Sex male 5. Color or race white 6. (a) Single, widowed, married, divorced widowed6. (b) Name of husband or wife Stella Flippin Campbell 6. (c) Age of husband or wife if alive Dead years7. Birth date of deceased Aug 19 1873
(Month) (Day) (Year)8. AGE: Years Months Days If less than one day
67 10 29 hr. min.9. Birthplace Noble County, Indiana
(City, town, or county) (State or foreign country)10. Usual occupation Railroad

11. Industry or business _____

12. Name Fred Campbell13. Birthplace Indiana
(City, town, or county) (State or foreign country)14. Maiden name Sarah Jane Thompson15. Birthplace Indiana
(City, town, or county) (State or foreign country)16. (a) Informant Henrietta Campbell(b) Address 924 S. Washington, Nevada17. (a) Burial (b) Date thereof July 20-1941
(Burial, cremation, or removal) (Month) (Day) (Year)(c) Place: burial or cremation Burial Cliffs Cemetery18. (a) Signature of funeral director Allen V. Hays(b) Address Nevada, Mo.19. (a) 7-19-41 (b) Allen V. Hays
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Vernon
 (c) City or town Nevada
 (If outside city or town limits, write "RURAL")
 (d) Street No. 924 S. Washington
 (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 18
year 1941 hour 5 minute 20 A.M.21. I hereby certify that I attended the deceased from July 16 1941 to July 18 1941
that I last saw him alive on July 17 1941
and that death occurred on the date and hour stated above.Immediate cause of death hypochelial failure Duration 1 dayDue to intestinal obstruction probably malignant

Due to _____

Other conditions (Include pregnancy within 3 months of death) 93d

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?

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

23. Signature J. W. Searse (M. D. or other) J. W.Address Nevada, Mo. Date signed 7/19/41

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

RECEIVED

District Health Officer No. 7,

District File Number 8-41-1232

Date Filed 8-5-41

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 Allen V. Keys

Licensed Embalmer No. 1968

P. O. Address Nevada, Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to complete the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.