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DEPARTMENT OF COMMERCE

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 28437

FILED SEP 19 1941

Registration District No. 371

Primary Registration District No. 4217

Registrar's No. 65

1. PLACE OF DEATH: Holt Co.
 (a) County Holt Co.
 (b) City or town Maitland, Mo.
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: Home
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____ (Specify whether)
 In this community Life _____ (Specify whether)
 years, months or days 1

3. (a) PRINT FULL NAME ELIZA-JANE-CAMPBELL.
 3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex Female 5. Color or race White
 6. (a) Single, widowed, married, divorced Widow
 6. (b) Name of husband or wife John W. Campbell
 6. (c) Age of husband or wife if alive _____ year
 7. Birth date of deceased: December 29 1852
 (Month) (Day) (Year)

8. AGE: Years 88 Months 1 Days 26 hr. _____ min. _____
 If less than one day

9. Birthplace Oregon-Holt Co. Mo. (City, town, or county) (State or foreign country)

10. Usual occupation Home wife

11. Industry or business _____

12. Name William Ashworth

13. Birthplace Free Springs - Kentucky (City, town, or county) (State or foreign country)

14. Maiden name Eliza Emma

15. Birthplace Free Springs - Kentucky (City, town, or county) (State or foreign country)

16. (a) Informant H. Campbell, M.D.

(b) Address Graham - Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 8-15-41 (Month) (Day) (Year)

(c) Place: burial or cremation Graham 100F

18. (a) Signature of funeral director Campbell Funeral

(b) Address Maitland Mo.

19. (a) 8-14-41 (Date received local registrar) (b) Vern D. Stout (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
 (a) State Missouri (b) County Holt 044
 (c) City or town Maitland, Mo. 0
 (If outside city or town limits, write "RURAL") 0
 (d) Street No. _____ (If rural, give location)
 (e) If foreign born, how long in U. S. A.? 0 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 13 year 1941 hour 12 minute 20 A.M.

21. I hereby certify that I attended the deceased from June, 1923, to Aug 13, 1941; that I last saw her alive on Aug - 13, 1941; and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Thrombosis

Due to Cont.-Arteritis

Due to Severe Exhaustion

Other conditions _____ (Include pregnancy within 3 months of death) 94

Major findings: Of operations Non Surgical

Of autopsy None

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 _____

23. Signature H. Campbell (M. D. or other)

Address Graham, Mo. Date signed 7/13/41

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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.....

William Campbell

Licensed Embalmer No. *2650*

Home P.O. Address *Monmouth NJ*

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.