

No. 2  
1-13-40  
-17-39  
X23159

FILED SEP 11 1944 2

Registration District No. 59-FF-4444 Registrar's No. \_\_\_\_\_

1. PLACE OF DEATH:

(a) County Ray  
(b) City or town Lawson  
(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 \_\_\_\_\_)  
In this community \_\_\_\_\_  
years, months or days

3. (a) PRINT FULL NAME Richard Ray Campbell

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

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

6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if \_\_\_\_\_

7. Birth date of deceased Aug 7 1940  
(Month) (Day) (Year)

8. AGE: Years \_\_\_\_\_ Months 11 Days 29 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace Hamburg Iowa  
(City, town, or county) (State or foreign country)

10. Usual occupation \_\_\_\_\_

11. Industry or business \_\_\_\_\_

MOTHER FATHER { 12. Name Vernie Campbell  
13. Birthplace Tarkio Mo  
(City, town, or county) (State or foreign country)

14. Maiden name Stattie Richard  
15. Birthplace Rockport Mo  
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs V.S. Campbell  
(b) Address Lawson Mo

17. (a) Removal (b) Date thereof Aug 7 1941  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Linden Cem. Rockport Mo

18. (a) Signature of funeral director Jerman Prichard  
(b) Address Lawson Mo

19. (a) Aug 7-1941 (b) Eduwin Shouse  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Ray 89  
(c) City or town Lawson Mo  
(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.? 0 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug. day 6<sup>th</sup>  
year 1940 hour 6 minute 15 P.M.

21. I hereby certify that I attended the deceased from Aug 6<sup>th</sup>  
1941, to Aug 6 1941  
that I last saw him alive on Aug 6 1941  
and that death occurred on the date and hour stated above.

Immediate cause of death Baby was dead when I arrived cause unknown, probably Thrombosis  
Due to \_\_\_\_\_  
Due to \_\_\_\_\_

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Major findings: \_\_\_\_\_  
Of operations \_\_\_\_\_  
Of autopsy no.

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)  
\_\_\_\_\_ (Specify means of injury)

23. Signature Eduwin Shouse (M. D. or other) MD  
Address Lawson Mo Date signed 8/7/41

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

RECEIVED  
District Health Officer No. 8,  
District File Number  
Date Filed 7-8-6

**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 Robert Ray  
Licensed Embalmer No. 4182  
P. O. Address Excelsior Spgs, Mo.

**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.