No. 2
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILLED OCT 18 1941

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 31956

Registration District No. 514 Primary Registration District No. 5683 Registrar's No. 24

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

1. PLACE OF DEATH:
(a) County Livingston
(b) City or town Ludlow
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: no
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution no (Specify whether
In this community 2 yrs 3 mo
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo (b) County Livingston 59
(c) City or town Ludlow 0
(If outside city or town limits, write "RURAL")
(d) Street No.
(If rural, give location) 0
(e) If foreign born, how long in U. S. A.? years.

3. (a) PRINT FULL NAME Mina Watts Campbell
3. (b) If veteran, name war ✓
3. (c) Social Security No. ✓
4. Sex F & 1
5. Color or race wh
6. (a) Single, widowed, married, divorced Widow
6. (b) Name of husband or wife Alvah Campbell
6. (c) Age of husband or wife if alive ✓ years
7. Birth date of deceased Aug (Month) 3 (Day) 2804 (Year)

8. AGE:	Years	Months	Days	If less than one day
	87	17	11	hr. min.

9. Birthplace Cleveland (City, town, or county) Ohio (State or foreign country)
10. Usual occupation Housewife
11. Industry or business
FATHER
12. Name Wm Mote Watts
13. Birthplace Norfolk (City, town, or county) England (State or foreign country)
MOTHER
14. Maiden name Jemima Scott
15. Birthplace Outwell (City, town, or county) England (State or foreign country)
16. (a) Informant Mrs Geo Christiansen
(b) Address Ludlow, Mo
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Sept 15-41 (Month) (Day) (Year)
(c) Place: burial or cremation Monroe Center
18. (a) Signature of funeral director B. F. Mead
(b) Address Braymer, Mo
19. (a) Sept 15, 1941 (Date received local registrar) (b) Hannah Copple (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 14
year 1941 hour 4 minute 20 a M.
21. I hereby certify that I attended the deceased from July 1, 1941, to Sept 13, 1941;
that I last saw her alive on Sept 13, 1941
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Nephritis Chronic	2 yrs
Due to ✓	
Due to ✓	
Other conditions ✓ (Include pregnancy within 3 months of death)	
Major findings: Of operations ✓	
Of autopsy ✓	

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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)
While at work? (e) Means of injury 0
23. Signature Geo Morse (M. D. ~~mother~~)
Address Ludlow Mo Date signed 9-15-41

100 (Licensed Embalmer's Statement on Reverse Side)

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 Bernard L. Mead

Licensed Embalmer No. 2801

P. O. Address Brayner, Me

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

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