No. 2
-1-4-41
-17-39
X26390

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILLED NOV 14 1941

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 34343

Registration District No. 85 Primary Registration District No. 1001 Registrar's No. 1025

1. PLACE OF DEATH:
(a) County: Buchanan
(b) City or town: St. Joseph (Ward) (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 219 Iowa-Ave (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution ____ In this community: 41 yrs (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County: Buchanan
(c) City or town: St. Joseph (If outside city or town limits, write "RURAL")
(d) Street No.: 219-Iowa-Ave (If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country ____

3. (a) PRINT FULL NAME: Floreta-Campbell
3. (b) If veteran, name war: —
3. (c) Social Security No.: None
4. Sex: Female
5. Color or race: Negro
6. (a) Single, widowed, married, divorced: Married
6. (b) Name of husband or wife: Shelly-Campbell
6. (c) Age of husband or wife if alive: 64 years
7. Birth date of deceased: 5 (Month) 23 (Day) 1880 (Year)

8. AGE: Years 61 Months 5 Days 3 If less than one day ____ hr. ____ min.

9. Birthplace: Birksville (City, town, or county) / Ky (State or foreign country)
10. Usual occupation: Housewife
11. Industry or business: Own-Home
FATHER
12. Name: David-Carry
13. Birthplace: Unknown (City, town, or county) / Ky. (State or foreign country)
MOTHER
14. Maiden name: Martha-Beck
15. Birthplace: Unknown (City, town, or county) / Ky. (State or foreign country)
16. (a) Informant: Shelly-Campbell
(b) Address: 219-Iowa-Ave
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 10-29-41 (Month) (Day) (Year)
(c) Place: burial or cremation: King Hill-Cemetery
18. (a) Signature of funeral director: Graves-Fun-Home
(b) Address: 806-S. 17th St.
19. (a) 10-29-1941 (Date received local registrar) (b) W. Westlebusch (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 26 year 1941 hour 8 pm minute @ M.
21. I hereby certify that I attended the deceased from Sept 18, 1941, to Oct 26, 1941, that I last saw he alive on Oct 23, 1941, and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Carcinoma of breast	24 yrs
Due to —	
Due to —	
Other conditions (Include pregnancy within 3 months of death)	

Major findings: Of operations: None
Of autopsy: None

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

23. Signature: Fenton Moudon M. D. (M. D. or other)
Address: 109 W Mo Ave Date signed: 10/27-41

85 (Licensed Embalmer's Statement on Reverse Side) St. Joseph Mo.

OCT 19 1945

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 Mc

, Registered Apprentice No.

working under my personal supervision.

Signed A. F. Moore

Licensed Embalmer No. 948

P. O. Address St. Joseph MO

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

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