

DEPARTMENT OF COMMERCE

BUREAU OF THE CENSUS

FILLED NOV 11 1941
318

Registration District No. _____

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 2001

State File No. 34900

Registrar's No. 864

334
2
6

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

1. PLACE OF DEATH:

(a) County GREENE

(b) City or town Springfield (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Burge Hospital (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 7 hours (Specify whether years, months or days)

3. (a) PRINT FULLNAME Campbell, William Frances

3. (b) If veteran, name war no

3. (c) Social Security No. none

4. Sex male

5. Color or race White

6. (a) Single, widowed, married, divorced, widowed

6. (b) Name of husband or wife Sarah Campbell

6. (c) Age of husband or wife if alive Dec. years

7. Birth date of deceased June 10 1869 (Month) (Day) (Year)

8. AGE: Years 72 Months 4 Days 18 If less than one day hr. min.

9. Birthplace Stratford, Mo (City, town, or county) ~~Missouri~~ (State or foreign country)

10. Usual occupation Farmer

11. Industry or business

MOTHER FATHER { 12. Name George Campbell

13. Birthplace Unknown Mo (City, town, or county) (State or foreign country)

14. Maiden name Nancy Bass

15. Birthplace Unknown Mo (City, town, or county) (State or foreign country)

16. (a) Informant Miss Isabel Campbell

(b) Address Stratford, Mo.

17. (a) Burial - removal (Burial, cremation, or removal)

(b) Date thereof Oct 30 1941 (Month) (Day) (Year)

(c) Place: burial or cremation Stratford, Mo. Bass Chapel.

18. (a) Signature of funeral director For Lacey

(b) Address Stratford, Mo

19. (a) 10-30-41 (Date received local registrar)

(b) W. E. Handley MD (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Greene 39

(c) City or town Rural Stratford (If outside city or town limits, write "RURAL")

(d) Street No. R.R. # 2 (If rural, give location)

(e) If foreign born, how long in U. S. A. ? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 28 year 1941 hour 6⁰⁰ minute 45 P.M.

21. I hereby certify that I attended the deceased from Oct 28 1941 that I last saw him alive on Oct 28 1941 and that death occurred on the date and hour stated above.

Immediate cause of death Cardio-Renal-Vascular

lesion

Duration 5 yrs

Due to _____

Due to _____

Other conditions (Include pregnancy within 3 months of death) 131a

Major findings: _____

Of operations _____

Of autopsy _____

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? _____ (Specify type of place)

(c) Means of injury _____

23. Signature W. E. Handley MD (M. D. or other) MD

Address Stratford, Mo Date signed 11/2/41

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 *Lex Leining*

Licensed Embalmer No. *B 312*

P. O. Address *Marshfield, 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.