

FILED NOV 13 1941

Registration District No. 43

Primary Registration District No. 5589

Registrar's No. 126

1. PLACE OF DEATH:

(a) County Johnson
(b) City or town Antwerp
(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 1
In this community 3 yrs
years, months or days (Specify whether)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Johnson
(c) City or town Antwerp
(If outside city or town limits, write "RURAL")
(d) Street No. (If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country D

3. (a) PRINT FULL NAME Mary Katherine Campbell

3. (b) If veteran, name war none 3. (c) Social Security No. none

4. Sex Female 5. Color or race white
6. (a) Single, widowed, married, divorced widow
7. (b) Name of husband or wife Guy Campbell
8. (c) Age of husband or wife if alive deceased years
9. Birth date of deceased Jan - 1 - 1872
(Month) (Day) (Year)

8. AGE: Years 69 Months 9 Days 13
If less than one day hr. min.

9. Birthplace St. Louis Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation House keeper

11. Industry or business

12. Name Henry Bierman
13. Birthplace Unknown Germany
(City, town, or county) (State or foreign country)
14. Maiden name Mary Elizabeth Robbers
15. Birthplace Unknown Germany
(City, town, or county) (State or foreign country)

16. (a) Informant Earl Campbell
(b) Address Warrensburg, Mo.
17. (a) Burial (b) Day thereof Oct-16-1941
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Mt. Zion

18. (a) Signature of funeral director Sweeney-Phillips
(b) Address Warrensburg, Mo.
19. (a) Oct-15-41 (b) Lola M. Williams
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 14
year 1941 hour 1:25 minute P. M.
21. I hereby certify that I attended the deceased from May 1941
1941 to Oct 14 1941
that I last saw h. or alive on Oct 6 1941
and that death occurred on the date and hour stated above.

Duration
Immediate cause of death Cancer of stomach
Due to
Due to
Other conditions none
(Include pregnancy within 3 months of death)

PHYSICIAN
Major findings:
Of operations
Of autopsy none
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?
While at work? (Specify type of place) (e) Means of injury

23. Signature Joe Patterson (M. D. or other)
Address Warrensburg, Mo. Date signed 10-15-41

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

RECEIVED

District Health Officer No. 8,

District File Number

Date Filed 11-10-41

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.....

Earl Priest

Registered Apprentice No.....

working under my personal supervision.

Signed *Earl Priest*

Licensed Embalmer No. *3878*

P. O. Address *Waverly*

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.