

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

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FILLED NOV 14 1941

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 35377

Registration District No. 471

Primary Registration District No. 5634

Registrar's No. 38

1. PLACE OF DEATH:

(a) County Lawrence
(b) City or town Rural Pierce Twp
(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 1 years, months or days) (Specify whether

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Lawrence
(c) City or town Monett, Rural, Pierce Twp
(If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

3. (a) PRINT FULL NAME William Webster Campbell

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

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

6. (b) Name of husband or wife Janet Campbell 6. (c) Age of husband or wife if alive 67 years

7. Birth date of deceased Jan. 10, 1871
(Month) (Day) (Year)

8. AGE: Years 70 Months 9 Days 22
If less than one day _____ hr. _____ min.

9. Birthplace Ft. Scott, Kansas
(City, town, or county) (State or foreign country)

10. Usual occupation Retired R. R. Conductor

11. Industry or business Frisco

12. Name Thomas Campbell

13. Birthplace Nova Scotia, Ontario, Canada
(City, town, or county) (State or foreign country)

14. Maiden name Sarah Jane Johnson

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

16. (a) Informant Mrs. W. W. Campbell

(b) Address R. F. D. #2, Monett, Mo.

17. (a) Burial (b) Date thereof 11-3-41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation I. O. O. F. Cemetery

18. (a) Signature of funeral director Callaway

(b) Address Monett, Mo.

19. (a) 11-6-41 (b) E. B. Wright
(Date received local registrar) (Registrar's signature)

20. DATE OF DEATH: Month Nov day 2
year 1941 hour 12 minute 30 M.

21. I hereby certify that I attended the deceased from Nov 13, 1940 to Nov 2, 1941.
that I last saw him alive on Oct 31, 1941.
and that death occurred on the date and hour stated above.

Immediate cause of death Hepatitis ✓ Alcohol 2 years
Duration

Due to Hypertension 11 years
Patent of an ulcer

Due to Septicemia May be all
amblyopia?

Other conditions (include pregnancy within 3 months of death)

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?

While at work? (Specify type of place) (e) Means of injury

23. Signature W. W. Campbell (M. D. or other)
Address Monett, Mo. Date signed 11-3-41

RECEIVED

District Health Officer No. 6,

District File Number 1141-1712

Date Filed NOV 12 1941

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.....

J. P. Buchanan
.....
working under my personal supervision.

....., Registered Apprentice No.

Signed *J. P. Buchanan*
.....

Licensed Embalmer No. 3179

P. O. Address Mount 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.

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **25 377**

Registration District No. **471**

Primary Registration District No. **5634**

Registrar's No.

1. PLACE OF DEATH: *Lawrence Rural*

(a) County *Lawrence*

(b) City or town *Rural*
(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
years, months or days)

In this community _____

2. USUAL RESIDENCE OF DECEASED:

(a) State _____ (b) County _____

(c) City or town _____
(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 _____

3. (a) PRINT FULL NAME *William W. Campbell*

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month *Nov* day *10* year *1941* hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from _____ 19____;
that I last saw him _____ alive on _____ 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death _____

4. Sex *m* 5. Color or race *w* 6. (a) Single, widowed, married, divorced *m*

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased: *Jan 10 1872*
(Month) (Day) (Year)

8. AGE: Years *70* Months *9* Days *20* (If less than one day, min.)

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

10. Usual occupation _____

11. Industry or business _____

MOTHER FATHER { 12. Name _____

{ 13. Birthplace _____ (City, town, or county) (State or foreign country)

{ 14. Maiden name _____

{ 15. Birthplace _____ (City, town, or county) (State or foreign country)

Due to *Chronic Nephritis of long duration (history) at age of 60.*

Other conditions _____ (Include pregnancy within 3 months of death)

Major findings: Of operations _____

Of autopsy _____

1316

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

16. (a) Informant _____ (b) Address _____

17. (a) _____ (b) Date thereof _____ (Month) (Day) (Year)
(Burial, cremation, or removal)

(c) Place: burial or cremation _____

18. (a) Signature of funeral director _____ (b) Address _____

19. (a) _____ (b) _____ (Registrar's signature)
(Date received local registrar)

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 *W. W. Campbell* (M. D. or other) _____
Address *Lawrence, Mo* Date signed *11-10-41*

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

SUPPLEMENTARY

S-35377