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13-40
17-39
X23199

State File No. _____

Registration District No. **318**

Primary Registration District No. **2001**

Registrar's No. **920**

1. PLACE OF DEATH:

(a) County **GREENE**

(b) City or town **Springfield** (City, town, or county)

(c) Name of hospital or institution: **St. John's Hospital** (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____ (Specify whether _____)

In this community _____ (years, months or days)

3. (a) PRINT FULL NAME **LARRY LEE CAMPBELL**

3. (b) If veteran, name war **NO**

3. (c) Social Security No. **None**

4. Sex **M** race **D**

5. Color or race **W**

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

6. (b) Name of husband or wife **None**

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

7. Birth date of deceased **July 13 - 1941** (Month) (Day) (Year)

8. AGE: Years **0** Months **4** Days **10** If less than one day hr. _____ min. _____

9. Birthplace **Richland Lauder Co. Mo** (City, town, or county) (State or foreign country)

10. Usual occupation **Infant**

11. Industry or business _____

12. Name **Harold Campbell**

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

14. Maiden name **Stacy Neigh**

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

16. (a) Informant **George Brun**

(b) Address **Richland Mo**

17. (a) **Burial** (b) Date thereof **11-24-41** (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Northway Park**

18. (a) Signature of funeral director **Eds. Peck**

(b) Address **Richland Mo**

19. (a) **11-24-41** (Date received local registrar) (b) **M. E. Handley** (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Mo.** (b) County **Pulaski**

(c) City or town **Richland** (If outside city or town limits, write "RURAL")

(d) Street No. **Russell** (If rural, give location)

(e) If foreign born, how long in U. S. A.? **0** years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **11** day **23** year **1941** hour **4** minute **AM**

21. I hereby certify that I attended the deceased from **Nov. 18**, 19**41**, to **Nov. 22**, 19**41**; that I last saw him alive on **Nov. 22**, 19**41**; and that death occurred on the date and hour stated above.

Immediate cause of death **Bronchial Pneumonia (Double) primary cause no other complications**

Due to _____

Due to _____

Other conditions (Include pregnancy within 3 months of death) **101**

Major findings: Of operations _____

Of autopsy _____

Duration

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 **Eds. Peck** (M.D. or other) **M.D.**

Address **612 Woodruff Bldg.** Date signed **11/24/41**

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

4
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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.

Not Embalmed

Signed.....

RB Dupre

Licensed Embalmer No.....

3198

P. O. Address.....

Richland 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.

J