S. No. 2
M—4-13-40
v. 5-17-39
I X23159

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
JAN 6 1942

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 41495

Registration District No. 105 Primary Registration District No. 5161 Registrar's No. 30

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

1. PLACE OF DEATH:
(a) County Callaway
(b) City or town Tebbetts - Cote Sans Dessein 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 years, months or days)

2. USUAL RESIDENCE OF DECEASED: 14
(a) State Missouri (b) County Callaway
(c) City or town Tebbetts Mo 0
(If outside city or town limits, write "RURAL") 0
(d) Street No.
(If rural, give location)
(e) If foreign born, how long in U. S. A.? — 0 years.

3. (a) PRINT FULL NAME Floyd Campbell
3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex M 0
5. Color or race W
6. (a) Single, widowed, married, divorced SINGLE ()
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Birth date of deceased MAY (Month) 10 (Day) 1906 (Year)

8. AGE: Years 35 Months 7 Days 7 If less than one day hr. min.

9. Birthplace Olean Missouri ()
(City, town, or county) (State or foreign country)
10. Usual occupation Farmer
11. Industry or business
FATHER
12. Name Walter W. Campbell
13. Birthplace Cole County Mo 0
(City, town, or county) (State or foreign country)
MOTHER
14. Maiden name Marvy Wiser
15. Birthplace Moniteau Co Mo 0
(City, town, or county) (State or foreign country)
16. (a) Informant Mrs W W Campbell
(b) Address Latham Mo
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 12-19-41 (Month) (Day) (Year)
(c) Place: burial or cremation California, Mo
18. (a) Signature of funeral director Boulin Tr. Home
(b) Address California, Mo.
19. (a) 12-17-41 (Date received local registrar) (b) W. H. Williams (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 12 day 17
year 1941 hour 1 minute a. M.
21. I hereby certify that I attended the deceased from
19 , to , 19 ;
that I last saw him ~~alive~~ dead on December 17th, 1941,
and that death occurred on the date and hour stated above.

Immediate cause of death apparently an epileptic attack - from which he had been subject, for about 11 years, prior to death, being found dead in bed.

Due to

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations no
Of autopsy no

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) no
(b) Date of occurrence no
(c) Where did injury occur? no
(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? none (e) Means of injury none

23. Signature I. W. Holman, Coroner, 3 (or other)
Address Fulton Mo. Date signed 12-17-41

(Licensed Embalmer's Statement on Reverse Side)

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 Earl R. Boulin

Licensed Embalmer No. 2126

P. O. Address Calyoonia 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.