

FILED MAR 11 1942 **410**

Registration District No. **408**

Primary Registration District No. **4243**

Registrar's No. **40**

1. PLACE OF DEATH:

(a) County **Jasper**
(b) City or town **Jasper**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
East Grand Ave.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community **74 years**
years, months or days)

3. (a) PRINT FULL NAME **Ellen Corder 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 **Widowed**

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

7. Birth date of deceased **Feb. 23 1860**
(Month) (Day) (Year)

8. AGE: Years **82** Months **0** Days **0** If less than one day _____ hr. _____ min.

9. Birthplace **McHenry Co. ILL**
(City, town, or county) (State or foreign country)

10. Usual occupation **Housekeeping**

11. Industry or business _____

MOTHER FATHER { 12. Name **William Swarts**
13. Birthplace **New York N.Y.**
(City, town, or county) (State or foreign country)
14. Maiden name **Unknown Daniels**
15. Birthplace **New York N.Y.**
(City, town, or county) (State or foreign country)

16. (a) Informant **Jess Corder**
(b) Address **Jasper, Mo.**

17. (a) **Burial** (b) Date thereof **Feb. 26-42**
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation **Mitchell Cem.**

18. (a) Signature of funeral director **Phas. J. Tester**
(b) Address **Jasper, Mo.**

19. (a) **Feb. 24, 1942** (b) **E. Lyzabelle Couplin**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Jasper**
(c) City or town **Jasper**
(If outside city or town limits, write "RURAL")
(d) Street No. **East Grand Ave.**
(If rural, give location)
(e) Citizen of foreign country? **No.** (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Feb.** day **23** -
year **1942** hour **11** minute **P.**-M.

21. I hereby certify that I attended the deceased from **2-12-42**
19____, to **2-23-1942**
that I last saw her alive on **2-21-1942**
and that death occurred on the date and hour stated above.

Immediate cause of death **Cancer of right breast**
Duration _____

Due to _____

Due to _____

Other conditions **50**
(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. H. Knott** (M. D. or other) **MD**
Address **Jasper, Mo.** Date signed **2-24-42**

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

42-2-124

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.....

Howard E. Simpson....., Registered Apprentice No. *285-*
working under my personal supervision.

Signed *Phur J. Tetter*.....
Licensed Embalmer No. *25-66*
P. O. Address *Jasper 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.