S. No. 2
—11-10-39
. 5-17-39
I X21492

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAR 11 1942

MISSOURI STATE BOARD OF HEALTH

# STANDARD CERTIFICATE OF DEATH

State File No. 7077

Registration District No. 464 Primary Registration District No. 4277 Registrar's No.

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

**1. PLACE OF DEATH:**

(a) County Lafayette

(b) City or town Odessa, Mo.
(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 50 yrs.
years, months or days)

**2. USUAL RESIDENCE OF DECEASED:**

(a) State Missouri (b) County Lafayette

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

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

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

3. (a) PRINT FULL NAME Mary Catharine Campbell

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex Fe /

5. Color or race W

6. (a) Single, widowed, married, divorced 2 Widowed

6. (b) Name of husband or wife

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

7. Birth date of deceased March (Month) 24 (Day) 1854 (Year)

8. AGE: Years 87 Months 11 Days 3 If less than one day hr. min.

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

10. Usual occupation At home

11. Industry or business

FATHER
12. Name Riley Hurst
13. Birthplace not known (City, town, or county) 9 (State or foreign country)

MOTHER
14. Maiden name Eliza Rider
15. Birthplace not known (City, town, or county) 9 (State or foreign country)

16. (a) Informant Mrs. Jesse Gann
(b) Address Odessa, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Mar. 1, 1942 (Month) (Day) (Year)
(c) Place: burial or cremation Odessa, Mo.

18. (a) Signature of funeral director L C Husman
(b) Address Odessa, Mo.

19. (a) Feb 28-42 (Date received local registrar) (b) Mrs W. F. Baker (Registrar's signature)

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month Feb day 27 year 1942 hour 1 minute P M.

21. I hereby certify that I attended the deceased from Feb 26, 1942 to Feb 27, 1942 that I last saw her alive on Feb 27, 1942 and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Hemorrhage — Duration 1 day

Due to Arterio-Sclerosis

Due to Senility

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy 830

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

23. Signature R C Schooley (M. D. or other)
Address Odessa Mo Date signed 2/28/42

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 8,
District File Number.....
Date Filed 2-10-42

**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 Irving L. Heisman
Licensed Embalmer No. 7541
P. O. Address Odessa Miss

**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, above space should be left blank.**