

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

10480
State File No. _____
Registrar's No. _____

Registration District No. _____

Primary Registration District No. _____

1. PLACE OF DEATH:

(a) County CARTER
(b) City or town VAN BUREN
(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

3. (a) PRINT FULL NAME

JAMES LEE CAMPBELL

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

4. Sex MALE Color or race WHITE

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 Nov 14 1934
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>7</u>	<u>3</u>	<u>6</u>	hr. min.

9. Birthplace ST Louis
(City, town, or county)

MO
(State or foreign country)

10. Usual occupation CHILD

11. Industry or business _____

12. Name JAMES RICHARD CAMPBELL

13. Birthplace VAN BUREN MO
(City, town, or county) (State or foreign country)

14. Maiden name ELLAH PEARL HUETT

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

16. (a) Informant JAMES RICHARD CAMPBELL

(b) Address VAN BUREN MO

17. (a) BURIAL (b) Date thereof FEB 21 1942
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation HELVEN CEM

18. (a) Signature of funeral director William W. Smith

(b) Address Smithson MO

19. (a) Feb 21 (b) Mrs A J Smith
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County WAYNE
(c) City or town VAN BUREN
(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. _____ years

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month FEB day 20
year 1942 hour 5 minute 5 A.M.

21. I hereby certify that I attended the deceased from _____
This patient was under treatment
by Children's Hosp. St. Louis, 19____
and that death occurred on the date and hour stated above.

Immediate cause of death _____
Chronic Interstitial Nephritis
5 yrs.

Due to _____
Due to _____

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

T. W. Cotton, M. D.
Major findings: _____
Of operations Coroner-

Of autopsy _____
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)
(d) Means of injury _____

23. Signature T. W. Cotton (M. D. or other) 3
Address Van Buren Coroner Date signed _____

APR 13 1942

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 *Me*

....., Registered Apprentice No.
working under my personal supervision.

Signed

Norman D. Gil
Licensed Embalmer No. *3387*

P. O. Address *Pidman, 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.