

14223

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. ....

No. 2  
11  
39  
26390

FILED MAY 23 1942

Registration District No. 282

Primary Registration District No. 4166

Registrar's No. 12

1. PLACE OF DEATH:

(a) County Dunklin  
(b) City or town Campbell City  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: Home  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution.....  
In this community 2 mo. years, months or days (Specify whether)

2. USUAL RESIDENCE OF DECEASED:

(a) State ark (b) County ark  
(c) City or town Wynon  
(If outside city or town limits, write "RURAL")  
(d) Street No. City  
(If rural, give location)  
(e) Citizen of foreign country? ..... (Yes or No)  
If yes, name country 2

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 12<sup>th</sup>  
year 1942 hour 5 minute 30 P.M.

21. I hereby certify that I attended the deceased from April 11<sup>th</sup> 1942 to April 11<sup>th</sup> 1942  
that I last saw him alive on April 11<sup>th</sup> 1942  
and that death occurred on the date and hour stated above.

Immediate cause of death Broncho-pneumonia ✓  
Duration 4 days

Due to .....  
Due to .....  
Other conditions (Include pregnancy within 3 months of death) .....  
Major findings: Of operations none  
Of autopsy none

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 Wallace Selsey (M. D. or other) mid.  
Address Campbell mo. Date signed 4/16/42

3. (a) PRINT FULL NAME Josphine Lee

3. (b) If veteran, name war ..... 3. (c) Social Security No. ....

4. Sex Female 5. Color or race White 5. (a) Single, widowed, married, divorced —

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

7. Birth date of deceased Feb-4-1941  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
1 2 8 ..... hr. .... min.

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

10. Usual occupation BABY

11. Industry or business .....

12. Name Tippy Lee

13. Birthplace Ind. (City, town, or county) (State or foreign country)

14. Maiden name Rosey Green

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

16. (a) Informant Tippy Lee

(b) Address Campbell mo.

17. (a) Burial (b) Date thereof April-12-42  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Woodlawn Campbell

18. (a) Signature of funeral director Lander June Home

(b) Address Campbell mo.

19. (a) 4-16-42 (b) Mrs. L P Oliver  
(Date received local registrar) (Registrar's signature)

1150 (Licensed Embalmer's Statement on Reverse Side)

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

MOTHER FATHER

RECEIVED

District Health Office No. 2

District File Number 542-646

Date Filed 5-20-42

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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.

Signed.....

Licensed Embalmer No.....

P. O. Address.....

**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.

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. 14225

Registration District No. 282

Primary Registration District No. 4166

Registrar's No.

1. PLACE OF DEATH:

(a) County Deunklin

(b) City or town Campbell  
(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)

3. (a) PRINT FULL NAME Josephine Lee

3. (b) If veteran name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

4. Sex F 5. Color or race W 6. (a) Single, widowed, married, divorced S

6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased Feb. 4 1941  
(Month) (Day) (Year)

8. AGE: Years 1 Months 2 Days 13 If less than one day min.

9. Birthplace \_\_\_\_\_  
(City, town, or county) (State or foreign country)

10. Usual occupation \_\_\_\_\_

11. Industry or business \_\_\_\_\_

12. Name \_\_\_\_\_

13. Birthplace \_\_\_\_\_  
(City, town, or county) (State or foreign country)

14. Maiden name \_\_\_\_\_

15. Birthplace \_\_\_\_\_  
(City, town, or county) (State or foreign country)

16. (a) Informant \_\_\_\_\_ (b) Address \_\_\_\_\_

17. (a) \_\_\_\_\_ (b) Date thereof \_\_\_\_\_  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation \_\_\_\_\_

18. (a) Signature of funeral director \_\_\_\_\_ (b) Address \_\_\_\_\_

19. (a) \_\_\_\_\_ (b) \_\_\_\_\_  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State \_\_\_\_\_ (b) County \_\_\_\_\_

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

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

(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April 1942 year. 12 hour. \_\_\_\_\_ minute. \_\_\_\_\_ M.

21. I hereby certify that I attended the deceased from \_\_\_\_\_ 19\_\_\_\_; that I last saw him/her alive on \_\_\_\_\_ 19\_\_\_\_; and that death occurred on the date and hour stated above.

Immediate cause of death \_\_\_\_\_

Broncho-Pneumonia  
Due to no complications were discoverable by me. The child was moribund when I first saw her.

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Major findings: \_\_\_\_\_  
Of operations \_\_\_\_\_ 107  
Of autopsy \_\_\_\_\_

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) (e) Means of injury \_\_\_\_\_

23. Signature Wallace A. Selay (M. D. or other) MD  
Address Campbell, Mo. Date signed 6/4/42

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

SUPPLEMENTARY

MOTHER FATHER

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

