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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED MAY 8 1942
318

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

Dr. H. Dauber
State File No. 14376

Registration District No. _____ Primary Registration District No. 2001 Registrar's No. 285

1. PLACE OF DEATH:
(a) County GREENE
(b) City or town Springfield
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Burge Hospital 0
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 4 hours (Specify whether
In this community _____ years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Arkansas (b) County Boone 999 03
(c) City or town Lead Hill 0
(If outside city or town limits, write "RURAL")
(d) Street No. Box 13
(If rural, give location)
(e) If foreign born, how long in U. S. A.? 2 years.

3. (a) PRINT FULL NAME Campbell, Ova Marie
3. (b) If veteran, name war No
3. (c) Social Security No. None
4. Sex F 1
5. Color or race W
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Simon Campbell
6. (c) Age of husband or wife if alive 53 years
7. Birth date of deceased August (Month) 15 (Day) 1890 (Year)

8. AGE: Years 51 Months 7 Days 27 If less than one day _____ hr. _____ min.

9. Birthplace Marion Co. (City, town, or county) Arkansas (State or foreign country) 1
10. Usual occupation Home
11. Industry or business _____
FATHER 12. Name J. M. Anderson
13. Birthplace Unknown (City, town, or county) Tenn (State or foreign country) 1
MOTHER 14. Maiden name Sarah Doff
15. Birthplace Unknown (City, town, or county) Ark. (State or foreign country) 1
16. (a) Informant Lucille C. Green
(b) Address Lead Hill Ark.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 4-14-42 (Month) (Day) (Year)
(c) Place: burial or cremation Lead Hill Ark
18. (a) Signature of funeral director L. C. Hall
(b) Address Harrison, Ark
19. (a) 4-14-42 (Date received local registrar) (b) A. B. Lane (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 12 year 1942 hour 3 minute 15 A.M.
21. I hereby certify that I attended the deceased from 4-11-1942, 19__, to 4/12, 1942, that I last saw he/she alive on 4/11, 1942, and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of thyroid — Duration 9 mo
Due to _____
Due to 55C
Other conditions (Include pregnancy within 3 months of death)
Major findings: Of operations Much 6 — Carcinoma of thyroid — originating in
Of autopsy / intrabdl adenoma of 22 yrs 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)
(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 H. Dauber M.D.
Address Med Arts Bldg Springfield Date signed 4/24/42

(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.....Ralph Crall.....

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.