

FILED JUL 15 1942

Registration District No. 50

Primary Registration District No. 3004

Registrar's No. 28

1. PLACE OF DEATH:

(a) County Bates

(b) City or town Butler

(c) Name of hospital or institution:  
408 West Ohio St  
(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

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Bates

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

(d) Street No. 408 West Ohio Street  
(If rural, give location)

(e) Citizen of foreign country? 0 (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME John R Campbell

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

4. Sex male 5. Color or race white 6. (a) Single, widowed, married, divorced, married

6. (b) Name of husband or wife Mrs Anna Campbell 6. (c) Age of husband or wife if alive 74 years

7. Birth date of deceased July 15 1852  
(Month) (Day) (Year)

8. AGE: Years 89 Months 11 Days 12 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

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

10. Usual occupation Retired

11. Industry or business Lunch Counter Owner

12. Name Moses Campbell

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

14. Maiden name Hannah not known

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

16. (a) Informant Elnor Campbell

(b) Address Butler Mo

17. (a) Burial (b) Date thereof June 29 1942  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Wak Hill

18. (a) Signature of funeral director Culver  
(b) Address Butler Mo

19. (a) June 29 1942 (b) Norma Culver  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 27<sup>th</sup> day June  
year 1942 hour 2 minute P. M.

21. I hereby certify that I attended the deceased from May 31 to June 27 1942  
that I last saw him alive on June 27 1942  
and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Myocarditis

Due to \_\_\_\_\_  
Due to \_\_\_\_\_

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations \_\_\_\_\_  
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?

While at work? \_\_\_\_\_ (Specify type of place) (e) Means of Injury 0

23. Signature Adelwood (M. D. or other)  
Address Butler Mo Date signed 6/29/42

Duration \_\_\_\_\_

PHYSICIAN \_\_\_\_\_

Underline the cause to which death should be charged statistically.

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

RECEIVED

District Health Officer No. 7.

District File Number 7-42-80/

Date filed 7-14-42

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 *C. E. Culver*

Licensed Embalmer No. 2576

P. O. Address *Butte 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.