

Registration District No. 411

Primary Registration District No. 2002

Registrar's No. 265

49  
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5  
H. E. Williams  
WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County Jasper

(b) City or town Jasper  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 1  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether \_\_\_\_\_)

In this community 30 years  
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Jasper

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

(d) Street No. 714 Ohio  
(If rural, give location)

(e) Citizen of foreign country? 1 (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Frank Campbell

3. (b) If veteran, name war \_\_\_\_\_

3. (c) Social Security No. \_\_\_\_\_

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

6. (b) Name of husband or wife Ilda 6. (c) Age of husband or wife if alive 66 years

7. Birth date of deceased Apr 19 - 1868  
(Month) (Day) (Year)

8. AGE: Years 74 Months 2 Days 7 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

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

10. Usual occupation retired sign

11. Industry or business retired Grocer

12. Name William Campbell

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

14. Maiden name Olga Harrison

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

16. (a) Informant Ilda Campbell

(b) Address 714 Ohio Ave

17. (a) Burial (b) Date thereof 6-29-42  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Gart Memorial

18. (a) Signature of funeral director Kenneth Dillon

(b) Address 305 W 4th St

19. (a) 6-29-42 (b) H. E. Williams  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 26  
year 1942 hour 7 minute N-P M.

21. I hereby certify that I attended the deceased from June 26, 1942 to June 28, 1942

that I last saw him alive on June 28, 1942  
and that death occurred on the date and hour stated above.

Immediate cause of death. Heart + Respiratory failure

Due to Carcinoma Intestina metastatic through abdominal cavity

Other conditions 462  
(Include pregnancy within 3 months of death)

Major findings: Colostomy 2 yrs ago  
Of operations Cancer of colon  
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? 1

While at work? \_\_\_\_\_ (Specify type of place)  
(e) Means of injury 1

23. Signature W. E. Heiber (M.D. or other) DO  
Address 521 W 4 Date signed 6-29-42

Duration \_\_\_\_\_

PHYSICIAN \_\_\_\_\_

Underline the cause to which death should be charged statistically.

426.549

**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.....

*Bob Shambell*

Registered Apprentice No.....

working under my personal supervision.

Signed: *Bob Shambell*

Licensed Embalmer No. *2641*

P. O. Address: *Joplin 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.