S. No. 2
—11-10-39
.3 39
1492

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUL 8 1942

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

21579

State File No. .....

Registration District No. 464 Primary Registration District No. 5627 Registrar's No. 36

54
0
0

1. PLACE OF DEATH:
(a) County Lafayette
(b) City or town Rural Snibar Twns
(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 years, months or days)
In this community Life

2. USUAL RESIDENCE OF DECEASED: 54
(a) State Missouri (b) County Lafayette 0
(c) City or town Rural 0
(If outside city or town limits, write "RURAL")
(d) Street No. 2 Miles West of Odessa
(If rural, give location)
(e) If foreign born, how long in U. S. A.? 0 years.

3. (a) PRINT FULL NAME Ben W. Campbell
3. (b) If veteran, name war .....
3. (c) Social Security No. .....
4. Sex M 0
5. Color or race W
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Cora May Campbell
6. (c) Age of husband or wife if alive 67 years
7. Birth date of deceased July (Month) 24 (Day) 1874 (Year)

8. AGE: Years 67 Months 11 Days 2 If less than one day ..... hr. ..... min.

9. Birthplace Odessa, (City, town, or county) 0 Missouri (State or foreign country)
10. Usual occupation Farmer
11. Industry or business .....
FATHER 12. Name B. F. Campbell
13. Birthplace Lafayette Co., (City, town, or county) 0 Missouri (State or foreign country)
MOTHER 14. Maiden name Martha Tucker
15. Birthplace Johnson Co., (City, town, or county) 0 Missouri (State or foreign country)
16. (a) Informant Mrs. Cora M. Campbell
(b) Address Odessa, Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof June 28, 1942 (Month) (Day) (Year)
(c) Place: burial or cremation Odessa, Mo. Cemetery
18. (a) Signature of funeral director L. L. Hosmer
(b) Address Odessa, Mo.
19. (a) June 27-42 (Date received local registrar) (b) Mrs W. F. Baker (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 26 year 1942 hour 11 minute 15 A.M.
21. I hereby certify that I attended the deceased from Jan 26 1942 to June 15 1942 that I last saw him alive on June 15 1942 and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of Intestines & Lungs — Duration
Due to .....
Due to .....
Other conditions Extreme Emaciation
(Include pregnancy within 3 months of death)

Major findings:
Of operations .....
Of autopsy .....

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 R. Colwell (M. D. or other)
Address Odessa Mo. Date signed 6-27-42

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

1127 (Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 8,
District File Number.....
Date Filed 7-7-42

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 Leroy L. Hessman
Licensed Embalmer No. 2541
P. O. Address Odessa, 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, above space should be left blank.

U. S. No. 2B
10M—8-21-41
I X29288

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 21579

Registration District No. 464 Primary Registration District No. 5627 Registrar's No.

1. PLACE OF DEATH:
(a) County: Lafayette
(b) City or town: Rural
(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 years, months or days)
In this community

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

3. (a) PRINT FULL NAME: Ben W. 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: M
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Birth date of deceased: July (Month) 24 (Day) 1875 (Year)

8. AGE: Years 67 Months 11 Days (If less than one day) hr. min.

9. Birthplace: (City, town, or county) Mo (State or foreign country)
10. Usual occupation
11. Industry or business
MOTHER FATHER
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) (Burial, cremation, or removal) (b) Date thereof (Month) (Day) (Year)
(c) Place: burial or cremation
18. (a) Signature of funeral director
(b) Address
19. (a) (Date received local registrar) (b) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June 24 year 1942 hour minute M.
21. I hereby certify that I attended the deceased from 19 to 19; that I last saw him alive on 19; and that death occurred on the date and hour stated above.

Immediate cause of death — Duration
Carcinoma of Intestines
Due to: & Lungs.
Due to: Primary Growth in Intestines (Colon)
Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations: Yes
Of autopsy

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: P. Shelley (M. D. or other)
Address: Odessa, Mo. Date signed 8/12/47

SUPPLEMENTARY