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ev. 5-17-39  
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DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. ....

FILED AUG 10 1942

Registration District No. 875 a/d

Primary Registration District No. 6162 6225

Registrar's No. 63

1. PLACE OF DEATH:

(a) County Vernon  
(b) City or town Nevada, Wash. Co. Mo.  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
State Hospital No 30 Nev.  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution.....  
In this community 6 months 14 days (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Greene  
(c) City or town Fairgrove  
(If outside city or town limits, write "RURAL")  
(d) Street No. R 2  
(If rural, give location)  
(e) Citizen of foreign country? No (Yes or No)  
If yes, name country 1

3. (a) PRINT FULL NAME LOLU-CAMPBELL

3. (b) If veteran, name war no 3. (c) Social Security No. none

4. Sex female 5. Color or race white 6. (a) Single, widowed, married, divorced. widow  
6. (b) Name of husband or wife James Campbell 6. (c) Age of husband or wife if alive deced. years  
7. Birth date of deceased Aug 10 1867  
(Month) (Day) (Year)

8. AGE: Years 74 Months 10 Days 26 If less than one day - hr. - min.

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

10. Usual occupation housewife

11. Industry or business none

12. Name Charles W. Mc Neal

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

14. Maiden name Susan Hopper

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

16. (a) Informant Records State Hosp

(b) Address Nevada Mo

17. (a) Buried (b) Date thereof July 8 1942  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Springfield Mo

18. (a) Signature of funeral director William F. Howe

(b) Address Springfield Mo

19. (a) July 8, 1942 (b) Elizabeth Breckenridge  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 6  
year 1942 hour 3 minute - A.M.

21. I hereby certify that I attended the deceased from Dec 22, 1941 to July 6, 1942  
that I last saw her alive on July 6, 1942  
and that death occurred on the date and hour stated above.

Immediate cause of death Arteriosclerotic Heart

Due to 3rd Disease

Other conditions Psychosis & cerebral arteriosclerosis

Major findings: Of operations no  
Of autopsy no

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) No

(b) Date of occurrence July 6 1942

(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) Means of injury

23. Signature Paul L. Barone (M. D. or other)

Address State Hosp No 3 Date signed July 6 1942

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

1231

Nevada Mo.

1942

RECEIVED

District Health Officer No. 7,

District File Number 8-42-847

Date Filed 8-6-42

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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 Lawrence E. Hall

Licensed Embalmer No. 2784

P. O. Address Springfield

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.