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

Dr. Taylor

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 34466

FILED NOV 10 1942

Registration District No. 292 Primary Registration District No. 4403 Registrar's No.

1. PLACE OF DEATH:
(a) County Pemiscot
(b) City or town Steele Town
(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 25 years

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Pemiscot
(c) City or town Steele
(If outside city or town limits, write "RURAL")
(d) Street No.
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Elizabeth Campbell
3. (b) If veteran, name war
3. (c) Social Security No.

4. Sex Female
5. Color or race White
6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife George Campbell
6. (c) Age of husband or wife if alive years
7. Birth date of deceased December (Month) 9 (Day) 1889 (Year)

8. AGE: Years 52 Months 9 Days 4 If less than one day hr. min.

9. Birthplace Juno (City, town, or county) Tennessee (State or foreign country)
10. Usual occupation Housewife
11. Industry or business None
FATHER
12. Name Buchanan Tart
13. Birthplace Decaterville (City, town, or county) Tennessee (State or foreign country)
MOTHER
14. Maiden name Mary Jane Pratt
15. Birthplace Decaterville (City, town, or county) Tennessee (State or foreign country)
16. (a) Informant J. A. Tart
(b) Address Steele, Missouri
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 10 (Month) 14 (Day) 42 (Year)
(c) Place: burial or cremation No. Nine Arkansas
18. (a) Signature of funeral director German Undt. Co.
(b) Address Steele, Missouri
19. (a) Nov. 4, 1942 (Date received local registrar) (b) Mrs. Dorothy Hence (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day 13 year 1942 hour 6 minute 30 A.M.
21. I hereby certify that I attended the deceased from Aug. 14, 1942 to Oct. 12, 1942 that I last saw her alive on Oct. 12, 1942 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Mitral Heart Disease	1 yr.
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death) 92	
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 E. L. Taylor (M. D. or other) Md
Address Steele, Md Date signed 11-13-42

1208

(Licensed Embalmer's Statement on Reverse Side)

11-42-30

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 John W German, Registered Apprentice No. 344, working under my personal supervision.

Signed J H Brown

Licensed Embalmer No. 3789

P. O. Address Steele, 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.