S. No. 2
M—6-4-41
V—6-17-39
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED NOV 18 1942

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 36543

Registration District No. 10 | Primary Registration District No. 3002 | Registrar's No. 158

1. PLACE OF DEATH:
(a) County: Audrain
(b) City or town: Mexico mo.
(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 DEECEASED: 4
(a) State: Missouri (b) County: Audrain 1
(c) City or town: Mexico mo. 2
(If outside city or town limits, write "RURAL")
(d) Street No.: S. Muldrow St.
(If rural, give location)
(e) Citizen of foreign country? ..... (Yes or No): Y
If yes, name country .....

3. (a) PRINT FULL NAME: FARLENA JANE 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: Single
6. (b) Name of husband or wife .....
6. (c) Age of husband or wife if alive ..... years
7. Birth date of deceased: Nov. (Month) - 3 (Day) - 1869 (Year)
8. AGE: Years 72 | Months 11 | Days 21 | If less than one day ..... hr. ..... min.
9. Birthplace: Indiana (City, town, or county) (State or foreign country)
10. Usual occupation: Home Maker
11. Industry or business .....
FATHER
12. Name: Henry Campbell
13. Birthplace: North Carolina (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name: Ellen Young
15. Birthplace: North Carolina (City, town, or county) (State or foreign country)
16. (a) Informant: Ollie Campbell
(b) Address: Mexico mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: Oct 26 1942 (Month) (Day) (Year)
(c) Place: burial or cremation: Mexico mo.
18. (a) Signature of funeral director: W. Pattison Sons
(b) Address: Mexico mo.
19. (a) Oct 24 1942 (Date received local registrar) (b) Margaret H Machen (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 24 year 1942 hour 6 minute 30 P.M.
21. I hereby certify that I attended the deceased from Oct. 15, 1942 to Oct 24, 1942 that I last saw h.er alive on Oct 24, 1942 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Apoplexy	
Due to: Arteriosclerosis	
Due to:	
Other conditions (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. Wan Hungarland M.D. or other
Address: Mexico Mo. Date signed 10-26-42

1014 (Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 10
District File Number 11-42-3033
Date Filed NOV 17 1942

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 Roy A. McPherson

Licensed Embalmer No. 1133,

P. O. Address Mexico 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.