

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

FILED NOV. 27 1942

Registration District No. 42

Primary Registration District No. 5134

Registrar's No. 804

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

R-14

1. PLACE OF DEATH:

(a) County Buchanan
(b) City or town Rural Washington Tws.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
St. Rosecrans Airport. 3
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution None
(Specify whether
In this community 1 & 1/2 years.
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Buchanan
(c) City or town St. Joseph
(If outside city or town limits, write "RURAL")
(d) Street No. 221 No. 8th Street
(If rural, give location)
(e) Citizen of foreign country? No. (Yes or No)
If yes, name country 1

3. (a) PRINT FULL NAME Charles Andrew Campbell

3. (b) If veteran, name war None 3. (c) Social Security No. 496-07-5780

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Sylvia Campbell 6. (c) Age of husband or wife if alive unk. years

7. Birth date of deceased February 7 1890
(Month) (Day) (Year)

8. AGE: Years 52 Months 9 Days 6 If less than one day
.....hr.min.

9. Birthplace Hopkins Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Laborer

11. Industry or business L.F. Harper Const' Co.

MOTHER FATHER { 12. Name John Campbell
13. Birthplace Unknown Ireland
(City, town, or county) (State or foreign country)
14. Maiden name Mary I. Edgar
15. Birthplace Unknown Ireland
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Sylvia Campbell
(b) Address 221 No. 8th St., St. Joseph, Mo.

17. (a) Removal (b) Date thereof Nov. 15, 1942
(Burial, cremation, or removal) (Month) (Day) (Year)
Hopkins Cent
(c) Place: burial or cremation Hopkins, Mo.

18. (a) Signature of funeral director W. J. Mundy
(b) Address 1802 Union Str., St. Joseph, Mo.

19. (a) 11-15-42 (b) Rose Hegar
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov day 13th
year 1942 hour 12 minute 15 A. M.

21. I hereby certify that I attended the deceased from Nov 13, 1942, 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 Crushing injury of the head with loss of brain substance
Due to substance 1 day

Other conditions Crushing injury of chest and abdomen 1 day
(instant death)
(Include pregnancy within 3 months of death)

Major findings: Man was crushed to death under collar at the west St. Joseph bur. field.
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) accident 131

(b) Date of occurrence Nov 13 - 1942
(c) Where did injury occur? St. Joseph, Buch. Mo
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?
St. Joseph bur. field
While at work? yes (Specify type of place) Roller
(e) Means of injury

23. Signature H. J. Mundy (M. D. or other)
Address 404 So 3d Date signed 11/13/42

FEB 26 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.....

Nov. 13, 42....., Registered Apprentice No.....
working under my personal supervision.

Signed *John H. Hurley*.....
Licensed Embalmer No. *4050*.....
P.O. Address *St. Joseph 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.