

FILED DEC 3 1942
Registration District No.

Primary Registration District No. 100+1005

Registrar's No. 1844

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

1. PLACE OF DEATH:
(a) County **BUCHANAN**
(b) City or town **ST. JOSEPH**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: **MO METHO HOSPITAL**
(If death hospital or institution, write street number and location)
(d) Length of stay: In hospital or institution **Hospital 5 days** (Specify whether)
In this community _____ years, months or days

2. USUAL RESIDENCE OF DECEASED:
(a) State **MO** (b) County **Worth** 113
(c) City or town **Allendale** 0
(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 **MARLYN LOUISE CAMPBELL**

MEDICAL CERTIFICATION

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

20. DATE OF DEATH: Month **Oct.** day **28**
year **1942** hour **3** minute **30 P.M.**

4. Sex **F.** 5. Color or race **W** 6. (a) Single, widowed, married, divorced **Single**

21. I hereby certify that I attended the deceased from **Oct. 28** 1942 to **Oct. 28** 1942;
that I last saw her alive on **Oct. 28** 1942 and that death occurred on the date and hour stated above.

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased **Sept. 18 1920**
(Month) (Day) (Year)

Immediate cause of death **Edema lungs.**
grave Secondary anemia 8 days
hemorrhage uterus 8 days
Due to **abortion** about Oct. 1942.
Septicemia

8. AGE: Years **22** Months **10** Days **0** If less than one day hr. min.

Due to _____
Other conditions (Include pregnancy within 3 months of death) _____

9. Birthplace **Allendale MO**
(City, town, or county) (State, foreign country)

10. Usual occupation **Stenographer & Bookkeeper**

Major findings: **1412**
Of operations _____
Of autopsy **No.**

11. Industry or business _____

12. Name **Frank P. Campbell**

13. Birthplace **Allendale MO**
(City, town, or county) (State or foreign country)

14. Maiden name **Frank M. Campbell**

15. Birthplace **Wheeler West Virginia**
(City, town, or county) (State or foreign country)

16. (a) Informant **Frank Campbell**
(b) Address **Allendale MO**

17. (a) **Removal** (b) Date thereof **10-28-42**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Allendale MO**
18. (a) Signature of general director _____
(b) Address **St. Joseph MO**

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? _____

19. (a) **10-28-42** (b) **Rose Hagoy**
(Date received local registrar) (Registrar's signature)

While at work? _____ (Specify type of place)
(e) Means of injury _____
23. Signature **H.S. Soward** (M. D. or other)
Address **St. Joseph** Date signed **10-28-42**

SEP 1 1948

JAN 19 1948
ATG 31 1948
JUN 24 1948

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..... *Arch C. Dumble*
Licensed Embalmer No..... *3252*
P. O. Address..... *Grant City, 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.