V. S. No. 2
M—9-4-41
ev. 5-17-39
I X29484

35
0
0

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

37015

State File No.

FILED DEC 9 1942

Registration District No. 709 — Primary Registration District No. 5424 — Registrar's No. 37

1. PLACE OF DEATH:
(a) County: Dunklin
(b) City or town: Campbell "Rural" (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: — / Under Care
(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 DECEASED:
(a) State: Missouri (b) County: Dunklin
(c) City or town: Campbell, "Rural" (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 —

35
0
0

3. (a) PRINT FULL NAME: Fannie Jane Sweeten

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

4. Sex: Female
5. Color or race: W
6. (a) Single, widowed, married, divorced: W
6. (b) Name of husband or wife: —
6. (c) Age of husband or wife if alive: — years

7. Birth date of deceased: May (Month) 7 (Day) 1876 (Year)

8. AGE: Years 66 Months 6 Days 20 If less than one day ... hr. ... min.

9. Birthplace: Campbell (City, town, or county) Mo (State or foreign country)
10. Usual occupation: Housekeeper, farmer
11. Industry or business: —

FATHER
12. Name: Jefferson Standridge
13. Birthplace: Unknown (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name: Mary Tucker
15. Birthplace: Missouri (City, town, or county) (State or foreign country)

16. (a) Informant: Violet Sweeten
(b) Address: Campbell, Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 11/29/42 (Month) (Day) (Year)
(c) Place: burial or cremation: Tucker Cemetery
18. (a) Signature of funeral director: Landers Funeral Home
(b) Address: Campbell, Mo.
19. (a) 11-27-42 (Date received local registrar) (b) Mrs. L. P. Oliver (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month November day 27 year 1942 hour ... minute 2:45 A.M.

21. I hereby certify that I attended the deceased from June 24th, 1942 to Nov. 25th, 1942 and that I last saw her alive on Nov. 25th, 1942 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Bronchogenic Carcinoma of left lung	9 mos?
Due to:	
Due to:	
Other conditions: Diabetes mellitus (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: Wallace Belsey (M. D. or other) MD
Address: Campbell Mo. Date signed 11/27/42

1150 (Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Office No. 2,
District File Number 1242-1544
Date Filed 12-8-42

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 Christina M. Landers

Licensed Embalmer No. 4227

P. O. Address Campbell, Me.

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.