No. 2
4-13-40
5-17-39
PI X23159

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED NOV 17 1942

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 37796

Registration District No. 278 Primary Registration District No. 5954 Registrar's No.

82
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:
(a) County PIKE
(b) City or town FRANKFORD
(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
In this community LIFE
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State MISSOURI (b) County PIKE
(c) City or town FRANKFORD
(If outside city or town limits, write "RURAL")
(d) Street No.
(If rural, give location)
(e) If foreign born, how long in U. S. A.? — 0 years.

3. (a) PRINT FULL NAME CHARLES CAMPBELL
3. (b) If veteran, name war ✓
3. (c) Social Security No. ✓
4. Sex MALE
5. Color or race WHITE
6. (a) Single, widowed, married, divorced MARRIED
6. (b) Name of husband or wife ANNIE CAMPBELL
6. (c) Age of husband or wife if alive 70 years
7. Birth date of deceased JULY (Month) 2 (Day) 1866 1942 (Year)

8. AGE: Years	Months	Days	If less than one day
76	3	16	hr. min.

9. Birthplace Pike Co. - PENO TOWNSHIP - (City, town, or county) MISSOURI (State or foreign country)
10. Usual occupation FARMER
11. Industry or business
FATHER
12. Name WILLIAM CAMPBELL
13. Birthplace PENO TOWNSHIP (City, town, or county) MISSOURI (State or foreign country)
MOTHER
14. Maiden name ELIZA A. STARK
15. Birthplace (City, town, or county) MISSOURI (State or foreign country)
16. (a) Informant Mrs. Annie Campbell
(b) Address Frankford Mo.
17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof Oct 20 1942 (Month) (Day) (Year)
(c) Place: burial or cremation FRANKFORD, MO.
18. (a) Signature of funeral director Fields and Son
(b) Address Frankford, Mo.
19. (a) Oct 22, '42 (Date received local registrar) (b) Mrs R. C. Holman (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month OCTOBER day 18
year 1942 hour 5:40 minute P M.
21. I hereby certify that I attended the deceased from Nov. 15, 1941, to Oct 18, 1942
that I last saw him alive on Oct 18, 1942
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Pernicious Anemia	
Due to	
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 O. W. Goodgrass (M. D. or other)
Address Frankford, Mo Date signed 10/20/42

1167 (Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 10
District File Number 11-42-2089
Date Filed NOV 16 1947

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 Jone Fields Megown

Licensed Embalmer No. 4093

P. O. Address Frankford, 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.