

FILED JAN 14 1943

Registration District No. 209

Primary Registration District No. 3043

1. PLACE OF DEATH:

(a) County Marion
(b) City or town Hannibal
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution 1925 S Arch St
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution..... (Specify whether)

In this community..... (Specify whether years, months or days)

3. (a) PRINT FULL NAME Jessie F Campbell

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

4. Sex Male 5. Color or race 3 Negro 6. (a) Single, widowed, married, divorced..... 0

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

7. Birth date of deceased 7 29 42
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
4 29 hr. min.

9. Birthplace Hannibal Mo
(City, town, or county) (State or foreign country)

10. Usual occupation.....

11. Industry or business.....

12. Name Jessie Campbell

13. Birthplace Hannibal Mo
(City, town, or county) (State or foreign country)

14. Maiden name Blara Reed

15. Birthplace Hannibal Mo
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs Blara Campbell

(b) Address 925 S Arch St

17. (a) (Burial, cremation, or removal) (b) Date thereof 12-25-42
(Month) (Day) (Year)

(c) Place: burial or cremation Robinson Cem

18. (a) Signature of funeral director Geo E Roberts

(b) Address Hannibal Mo

19. (a) 12-29-42 (b) R. W. Connor
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Marion
(c) City or town Hannibal
(If outside city or town limits, write "RURAL")
(d) Street No. 925 S Arch St
(If rural, give location)
(e) Citizen of foreign country?..... (Yes or No)
If yes, name country..... 0

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 12 day 26
year 1942 hour 12 minute 40 PM

21. I hereby certify that I attended the deceased from Dec 22 to Dec 26, 1942
that I last saw him alive on Dec 26, 1942
and that death occurred on the date and hour stated above.

Immediate cause of death Lobar pneumonia Duration

Due to.....

Due to.....

Other conditions (Include pregnancy within 3 months of death) 104

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?.....

While at work? (Specify type of place) (e) Means of injury.....

23. Signature A W Fox (M. D. or other) 0
Address Hannibal Mo Date signed.....

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

64
3
4

64
3
4

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..... *Geo E Roberts*

Licensed Embalmer No. *2113*

P. O. Address *Harrisburg*

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.