

Registration District No. 45

Primary Registration District No. 3047

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

1. PLACE OF DEATH:

(a) County NEWTON

(b) City or town NEOSHO

(c) Name of hospital or institution: 1105 COMMERCIAL 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 years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County NEWTON

(c) City or town NEOSHO
(If outside city or town limits, write "RURAL")

(d) Street No. 1105 COMMERCIAL ST.
(If rural, give location)

(e) Citizen of foreign country?..... (Yes or No)
If yes, name country.....

3. (a) PRINT FULL NAME CAROLYN SUE CAMPBELL

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month FEB. day 22
year 1943 hour 5 minute 0 A.M.

4. Sex FEMALE 5. Color or race WHITE 6. (a) Single, widowed, married, divorced, INFANT

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

7. Birth date of deceased FEBRUARY 2, 1943
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Feb. 2, 1943 to Feb. 22, 1943
that I last saw him alive on Feb. 21, 1943
and that death occurred on the date and hour stated above.

Immediate cause of death. Enlarged thyroid gland Duration

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

Due to.....

Due to..... 64

Other conditions (Include pregnancy within 3 months of death)

9. Birthplace NEOSHO MISSOURIO
(City, town, or county) (State or foreign country)

10. Usual occupation INFANT

PHYSICIAN

Major findings: Of operations.....

Of autopsy.....

Underline the cause to which death should be charged statistically.

11. Industry or business.....

MOTHER FATHER { 12. Name GORDON L. CAMPBELL

13. Birthplace OKMULGEE OKLAHOMA
(City, town, or county) (State or foreign country)

14. Maiden name SAUNITA PATTON

15. Birthplace NEOSHO MISSOURIO
(City, town, or county) (State or foreign country)

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)

(e) Means of injury.....

23. Signature C. E. Mendenso (M. D. or other)
Address 3-4-43 Neosho mo. Date signed.....

16. (a) Informant Mrs. Gordon L. Campbell
(b) Address Neosho mo.

17. (a) Burial (b) Date thereof 2-23-43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation NEOSHO I.O.G.F. CEM.

18. (a) Signature of funeral director Carley Thompson
(b) Address Neosho mo.

19. (a) 3-4-43 (b) Carley Thompson
(Date received local registrar) (Registrar's signature)

Date Received MAR 8 1943

File no. - 243-24

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.....

Noak H. Johnson

Registered Apprentice No. *340*

working under my personal supervision.

Signed.....

Corley Thompson

Licensed Embalmer No. *3259*

P. O. Address..... *Neosho 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.