

FILED APR 8 1943

State File No. ....

Registration District No. 27

Primary Registration District No. 4-5-75743

Registrar's No. 14

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

1. PLACE OF DEATH:

(a) County: Pike Ashley

(b) City or town: Rural Ashley  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: County Home R.R. 5  
(If not in hospital or institution, write street number or location)

(d) Length of stay: 6 Months  
(If in hospital or institution)

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

2. USUAL RESIDENCE OF DECEASED:

(a) State: Mo (b) County: Pike 8.2

(c) City or town: Small  
(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: 0

3. (a) PRINT FULL NAME: William Campbell

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 30 day March  
year 1943 hour 2 minute 9 M.

21. I hereby certify that I attended the deceased from March 1 1943 to March 30 1943  
that I last saw him alive on March 25 1943  
and that death occurred on the date and hour stated above.

4. Sex: M 5. Color or race: Negro

6. (a) Single, widowed, married, divorced: Single

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

7. Birth date of deceased: 1861  
(Month) (Day) (Year)

Immediate cause of death: Langren Duration 30 days

Due to: Stroke of feet

Due to: .....

8. AGE: Years 82 Months ..... Days ..... If less than one day hr. .... min.

9. Birthplace: don't know 9  
(City, town, or county) (State or foreign country)

10. Usual occupation: Retired

Other conditions: 190  
(Include pregnancy within 3 months of death)

Major findings: 99

Of operations: .....

Of autopsy: .....

MOTHER FATHER { 11. Industry or business: .....

12. Name: don't know

13. Birthplace: 9  
(City, town, or county) (State or foreign country)

14. Maiden name: don't know

15. Birthplace: 9  
(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): 082

(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? 2 (Specify type of place) (e) Means of injury: .....

23. Signature: Wm Frank Gordon (M. D. or other)  
Address: Bowling Green Mo Date signed: 3/24/43

16. (a) Informant: Frank Nestor

(b) Address: Ashley Mo

17. (a) Burial (b) Date thereof: 3 30 43  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation County Farm

18. (a) Signature of funeral director: Frank Nestor

(b) Address: Bowling Green

19. (a) 3/30/43 (b) Wm Frank Gordon  
(Date received local registrar) (Registrar's signature)

1148

RECEIVED  
District Health Officer No. 10  
District File Number 4-43-627  
Date Filed APR 7 1943

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.....

Licensed Embalmer No.....

P. O. Address.....

**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.**