

FILED JUN 12 1943

Registration District No. **5**

Primary Registration District No. **4016**

Registrar's No. **19**

1. PLACE OF DEATH:

(a) County **Atchison**
(b) City or town **Tarkio**
(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 **30yrs** (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Worth** **112**
(c) City or town **Denver Rural** (If outside city or town limits, write "RURAL") **0**
(d) Street No. **0** (If rural, give location)
(e) Citizen of foreign country? **no** (Yes or No)
If yes, name country **--**

3. (a) PRINT FULL NAME **Marvin Marn Campbell**

3. (b) If veteran, name war **--** 3. (c) Social Security No. **488-14-9141**

4. Sex **male** 5. Color or race **white** 6. (a) Single, widowed, married, divorced **mar**
6. (b) Name of husband or wife **Beatrice Campbell** 6. (c) Age of husband or wife if alive **22** years
7. Birth date of deceased **May 25 1911**
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	31	11	15	hr. min.

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

10. Usual occupation **Farmer**

11. Industry or business

12. Name **Rosher Campbell**
13. Birthplace **Allendale Mo**
(City, town, or county) (State or foreign country)
14. Maiden name **Bessie Vasser**
15. Birthplace **Allendale Mo**
(City, town, or county) (State or foreign country)

16. (a) Informant **Mrs. Rosher Campbell**
(b) Address **Tarkio, Mo.**
17. (a) **burial** (Burial, cremation, or removal) (b) Date thereof **5/16/43**
(Month) (Day) (Year)
(c) Place: burial or cremation **Allendale, Mo.**

18. (a) Signature of funeral director **Davis Funeral Home**
(b) Address **Tarkio, Mo.**

19. (a) **May 15/43** (Date received local registrar) (b) *[Signature]* (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **May** day **13**
year **1943** hour **6** minute **15** p. a. M.

21. I hereby certify that I attended the deceased from **May 13th 1943** to **May 13 - 1943**
that I last saw him alive on **May 13 1943**
and that death occurred on the date and hour stated above

Immediate cause of death **Chronic Bronchitis & Dilated Right Heart**
Asthmatic Pericarditis May 2 to 13-1943

Due to...
Due to...
Other conditions **Asthma Chronic** (include pregnancy within 3 months of death) **17yrs**

Major findings: Of operations **gsc 2**
Of autopsy **gsc 2**

Duration **2yrs**
PHYSICIAN **17yrs**
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 *[Signature]* (M. D. or dentist)
Address **Tarkio Mo** Date signed **5/15/43**

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

MOTHER FATHER

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.....

J. M. Davis

Licensed Embalmer No..... **2394**.....

P. O. Address..... **Tarkio, 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.