V. S. No. 2
50M—9-4-41
Rev. 5-17-39
I X29484

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED JUN 12 1943

MISSOURI STATE BOARD OF HEALTH

# STANDARD CERTIFICATE OF DEATH

State File No. 17480

Registration District No. 47 Primary Registration District No. 3008 Registrar's No. 137

14
1
2

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

**1. PLACE OF DEATH:**

(a) County Callaway
(b) City or town Fulton
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
State Hospital no 1 2
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 6 days (Specify whether
In this community 6 days years, months or days)

**2. USUAL RESIDENCE OF DECEASED:**

(a) State Mo (b) County Pike County 1
(c) City or town ~~Pike~~ Co Bowling Green 1
(If outside city or town limits, write "RURAL")
(d) Street No. DK 1
(If rural, give location)
(e) Citizen of foreign country? 1 (~~Yes~~ or No)
If yes, name country 0

3. (a) PRINT FULL NAME Blanch T Campbell
3. (b) If veteran, name war
3. (c) Social Security No. DK
4. Sex Female
5. Color or race white
6. (a) Single, widowed, married, divorced 1 married
6. (b) Name of husband or wife James M Campbell
6. (c) Age of husband or wife if alive DK years
7. Birth date of deceased Feb (Month) 26 (Day) 1874 (Year)

| 8. AGE: Years | Months | Days | If less than one day |
|---|---|---|---|
| 69 | | | hr. min. |

9. Birthplace Platte (City, town, or county) Mo 0 (State or foreign country)
10. Usual occupation Housewife
11. Industry or business
FATHER
12. Name John Turner
13. Birthplace Pike (City, town, or county) Mo 0 (State or foreign country)
MOTHER
14. Maiden name Martha Turner
15. Birthplace Pike (City, town, or county) Mo 0 (State or foreign country)
16. (a) Informant James M Campbell
(b) Address Bowling Green
17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 5-27-1943 (Month) (Day) (Year)
(c) Place: burial or cremation Bowling Green Mo
18. (a) Signature of funeral director Grace Bankhead
(b) Address Bowling Green Mo
19. (a) May 27 1943 (Date received local registrar) (b) Josie Morsenkopf (Registrar's signature)

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month May day 27 year 1943 hour 4 minute P. M.
21. I hereby certify that I attended the deceased from May 21, 1943, to May 27, 1943 that I last saw her alive on May 27, 1943 and that death occurred on the date and hour stated above.

| | Duration |
|---|---|
| Immediate cause of death Lobar Pneumonia | |
| Due to Arteriosclerosis | |
| Due to | |
| Other conditions (Include pregnancy within 3 months of death) | |

108

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 Forest Thomas D (M. D. or other)
Address Fulton Mo Date signed 5-27-43

147

(Licensed Embalmer's Statement on Reverse Side) State Hosp no 1

## 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 Chester A Roof

Licensed Embalmer No. 3044

P. O. Address Bowling Green 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.**