

S. No. 2
M-5-42
5-17-39
X32873

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 18514

FILED JUN 14 1943

Registration District No. 246

Primary Registration District No. 2001

Registrar's No. 311

1. PLACE OF DEATH:

(a) County Newton

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

(c) Name of hospital or institution 4110 Joplin St. 1
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 66 years (Specify whether years, months or days)

In this community 66 years

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Newton

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

(d) Street No. 4110 Joplin St. (If rural, give location)

(e) Citizen of foreign country? 0 (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME Charles Campbell

3. (b) If veteran, name war No.

3. (c) Social Security No. No.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 31st year 1943 hour 5 minute 30 P.M.

21. I hereby certify that I attended the deceased from May 27 1943 to May 31 1943 and that last saw him alive on May 31 1943 and that death occurred on the date and hour stated above.

4. Sex MO 5. Color or race W 6. (a) Single, widowed, married, divorced Widow

6. (b) Name of husband or wife William Campbell 6. (c) Age of husband or wife if alive 1 years 1871 (Month) (Day) (Year)

Immediate cause of death Heart failure

Due to Coronary occlusion

Other conditions 94a
(Include pregnancy within 3 months of death)

8. AGE: Years 72 Months 2 Days 0 If less than one day hr. min.

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

10. Usual occupation machinist

11. Industry or business Walter Iron Works

12. Name William Campbell

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

14. Maiden name Nancy Campbell

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

16. (a) Informant James Campbell

(b) Address Joplin Mo

17. (a) Burial (b) Date thereof June 4-43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Forest Park

18. (a) Signature of funeral director Chambell Dillon

(b) Address 4th & Wall St

19. (a) 6-3-43 (b) Hutcheson
(Date received local registrar) (Registrar's signature)

Major findings: Of operations 94a

Of autopsy 94a

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) 0

(b) Date of occurrence 0

(c) Where did injury occur? 0 (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? 0

While at work? 0 (Specify type of place)

23. Signature W.E. Heiler (Physician's signature)

Address 521 W-4 Date signed 6-2-43

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

3325

1221

(Licensed Embalmer's Statement on Reverse Side)

34
Date Received JUN 7 1943
File No. 643-110

JUN 10 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..... *David Dillon*.....
Licensed Embalmer No. *3898*.....
P. O. Address..... *Joplin, 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.