V. S. No. 2
50M—5-42
Rev. 5-17-39
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

18537

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

# STANDARD CERTIFICATE OF DEATH

State File No.

FILED MAY 18 1943

Registration District No. 51 Primary Registration District No. 4378 Registrar's No. 63

1. PLACE OF DEATH:
(a) County Nodaway
(b) City or town Ravenwood
(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 (Specify whether
In this community 5 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Nodaway
(c) City or town Ravenwood
(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

3. (a) PRINT FULL NAME Jessie Campbell

3. (b) If veteran, name war

3. (c) Social Security No. no

4. Sex female

5. Color or race white

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

6. (b) Name of husband or wife Reynolds H. Campbell

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

7. Birth date of deceased December (Month) 13 (Day) 1865 (Year)

8. AGE: Years 77 Months 4 Days 13 If less than one day hr. min.

9. Birthplace Switzerland Co. (City, town, or county) Ind (State or foreign country)

10. Usual occupation housewife

11. Industry or business

FATHER
12. Name Ebenezer A. Phillips
13. Birthplace unknown (City, town, or county) N.Y. (State or foreign country)

MOTHER
14. Maiden name Angeline Montayne
15. Birthplace unknown (City, town, or county) N.Y. (State or foreign country)

16. (a) Informant Mrs. Garnet Lewis
(b) Address Guilford Missouri

17. (a) burial (Burial, cremation, removal) (b) Date thereof 4-28-43 (Month) (Day) (Year)
Graves cemetery Guilford Mo
(c) Place: burial or cremation

18. (a) Signature of funeral director Price Funeral Home
(b) Address Maryville Mo

19. (a) 4-27-43 (Date received local registrar) (b) Mary Coile (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 27 year 1943 hour 10 30 minute a M.

21. I hereby certify that I attended the deceased from Jan 12, 1943, to April 27, 1943 that I last saw her alive on April 26, 1943 and that death occurred on the date and hour stated above.

Immediate cause of death Myo Cardinal Degeneration

Due to Senile

Due to

Other conditions (Include pregnancy within 3 months of death) 93d

Major findings:
Of operations
Of autopsy

Duration

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 R. C. Porter (M. D. or other) Do
Address Sheridan Date signed 4-29-43

(Licensed Embalmer's Statement on Reverse Side)

OCT 13 1951

## 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 W. L. Gee

Licensed Embalmer No. 2539

P. O. Address Maryville 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.**