

FILED JUN 14 1943 349

Registration District No. 1

Primary Registration District No. 6174

1. PLACE OF DEATH:

(a) County Sullivan
(b) City or town Newtown-Rural - Clay
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community all of life years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Sullivan
(c) City or town Newtown
(If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) If foreign born, how long in U. S. A.? 0 years

3. (a) PRINT FULL NAME William Allen Campbell

3. (b) If veteran, name war _____ 3. (c) Social Security No. 707-12-6893

4. Sex male 5. Color or race W 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 Dec 5 1880
(Month) (Day) (Year)

8. AGE: Years 62 Months 5 Days 15 If less than one day _____ hr. _____ min.

9. Birthplace Mercer Mo. 1
(City, town, or county) (State or foreign country)

10. Usual occupation Railroader

11. Industry or business _____

12. Name Mike Campbell

13. Birthplace Mercer County Mo
(City, town, or county) (State or foreign country)

14. Maiden name Theresa Yates

15. Birthplace Mercer County Mo 1
(City, town, or county) (State or foreign country)

16. (a) Informant Carrie G. Dickson

(b) Address Newtown

17. (a) Burial (b) Date thereof 5-20-43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Newtown

18. (a) Signature of funeral director Walter Payne

(b) Address Newtown

19. (a) _____ (b) Mrs. Sannie Johnson
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 20th year 1943 hour 11 minute A. M.

21. I hereby certify that I attended the deceased from Jan 15 1939, to May 20 1943 that I last saw him alive on May 20 1943 and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Apoplexy

Due to Arteriosclerosis

Due to _____

Other conditions 83a
(Include pregnancy within 3 months of death)

Major findings: Of operations _____ Of autopsy _____

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 W. A. Hale (M. D. or other) _____

Address Newtown Mo Date signed 5/24/43

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

05
00
00

105

20th

3

15

1939

May 20

1943

Duration

Physician

Due to

Due to

Other conditions

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?

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

While at work?

23. Signature

RECEIVED

District Health Officer No. 10

District File Number 5-43-1177

Date Filed JUN 11 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 T. Howard Gault

Licensed Embalmer No. 3240

P. O. Address Newtown Md

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, above space should be left blank.