S. No. 2
M—5-42
5-17-39

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

# STANDARD CERTIFICATE OF DEATH

State File No. 20988

FILED JUL 9 1943

Registration District No. ~~5182~~ 53 Primary Registration District No. ~~3010~~ 5186 Registrar's No. 185

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

1. PLACE OF DEATH:
(a) County Cape Girardeau
(b) City or town Rural, Randol
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 4 Miles North East of Jackson
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution ..... (Specify whether
In this community 82 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo. (b) County Cape Girardeau
(c) City or town Rural 16
(If outside city or town limits, write "RURAL")
(d) Street No. 4 Miles N East Jackson
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No) 0
If yes, name country ..... 0

3. (a) PRINT FULL NAME Jacob H. Campbell
3. (b) If veteran, name war ✓
3. (c) Social Security No. ✓

4. Sex Male O
5. Color or race White
6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Rosa M. Campbell
6. (c) Age of husband or wife if alive 66 years
7. Birth date of deceased July (Month) 26 (Day) 1860 (Year)

8. AGE:

| Years | Months | Days | If less than one day |
|---|---|---|---|
| 82 | 10 | 18 | hr. min. |

9. Birthplace Cape Girardeau Co. (City, town, or county) Mo. (State or foreign country)
10. Usual occupation Farming
11. Industry or business
FATHER
12. Name Robert Campbell
13. Birthplace Near Jackson (City, town, or county) Mo. (State or foreign country)
MOTHER
14. Maiden name Caroline Prince
15. Birthplace ..... (City, town, or county) Tenn. (State or foreign country)
16. (a) Informant Mrs J. H. Campbell
(b) Address Jackson, Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 6-16-1943 (Month) (Day) (Year)
(c) Place: burial or cremation Memorial Park
18. (a) Signature of funeral director S. C. Crawford
(b) Address Jackson, Mo.
19. (a) 6-22-43 (Date received local registrar) (b) F. H. Phelps (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 6 day 14 year 1943 hour 4 minute 30 p M.
21. I hereby certify that I attended the deceased from 9-27, 1941, to 6-14, 1943 that I last saw him alive on 4-24, 1943 and that death occurred on the date and hour stated above.

Immediate cause of death Acute Heart Failure
Due to (1) Chronic Myocarditis
(2) Coronary Sclerosis
Due to (3) Hypertension
(4) General Vascular Sclerosis
Other conditions (Include pregnancy within 3 months of death) ✓
Major findings:
Of operations ✓
Of autopsy ✓

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

93d

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 Albert M. Esler (M. D. or other) Phys
Address Jackson Mo. Date signed 6-16-43

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 4
District File Number 243-2408
Date Filed 2-7-43

## 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 Eric C. Crawford

Licensed Embalmer No. 4327

P. O. Address: Jackson, 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.**