

FILED JUL 13 1943
Registration District No. 2/2

Primary Registration District No. 5780

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

1. PLACE OF DEATH:

(a) County Miller

(b) City or town Eldon, (Rural) Saline
(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 _____
years, months or days

2. USUAL RESIDENCE OF DECEASED: 66

(a) State Missouri (b) County Miller

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

(d) Street No. Saline Township Rural
(If rural, give location)

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

3. (a) PRINT FULL NAME Pearl L. Campbell

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 11
year 1943 hour 9 minute 4 M.

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Luther M. Campbell 6. (c) Age of husband or wife if alive 64 years

7. Birth date of deceased July 17 1886
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from 9-7
1943 to 6-11 1943
that I last saw h. ER alive on 6-11 1943
and that death occurred on the date and hour stated above.

8. AGE:	Years	Months	Days	If less than one day
	<u>56</u>	<u>10</u>	<u>24</u>	hr. _____ min.

Immediate cause of death Gastric Hemorrhage

Due to Carcinoma of Stomach

Due to _____

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

10. Usual occupation Housewife

Other conditions (Include pregnancy within 3 months of death) 46 lb

11. Industry or business _____

MOTHER FATHER { 12. Name Louis Stoddard

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

14. Maiden name _____

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

Major findings: Of operations None

Of autopsy 770

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

16. (a) Informant Luther M. Campbell
(b) Address Eldon, Missouri

17. (a) Burial (b) Date thereof 6-13-1943
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mt. Pleasant Cemetery

18. (a) Signature of funeral director Phillips Funeral Home
(b) Address Eldon, Missouri

19. (a) 6-14-43 (b) H. S. Gearman
(Date received local registrar) (Registrar's signature)

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 A. B. Burkholder (M.D. or other) 200
Address Eldon Date signed 6-13

RECEIVED

Miller County Health Dep't.

County File Number 43-50

Date Filed 7-6-43

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.....

Louis D. Phillips

Registered Apprentice No.....

working under my personal supervision.

Signed

Louis D. Phillips

Licensed Embalmer No. 3663

P. O. Address Eldon

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.