

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 24575
Registrar's No. 244

10 AUG 11 1943
Registration District No. 53

Primary Registration District No. 3010

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

1. PLACE OF DEATH:

(a) County Cape Girardeau
(b) City or town Cape Girardeau
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: St. Francis Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 9 hours (Specify whether years, months or days) 9 hours

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Pemissott
(c) City or town Portageville
(If outside city or town limits, write "RURAL")
(d) Street No. Route 2 (If rural, give location)
(e) Citizen of foreign country? ----- (Yes or No)
If yes, name country No

3. (a) PRINT FULL NAME Ruth B. Campbell

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

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

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

7. Birth date of deceased March 9, 1938
(Month) (Day) (Year)

8. AGE: Years 5 Months 4 Days 22 If less than one day hr. min.

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

10. Usual occupation -----

11. Industry or business -----

MOTHER { 12. Name Clift Campbell

13. Birthplace Duck Hill, Mississippi
(City, town, or county) (State or foreign country)

14. Maiden name Susie Parker

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

FATHER { 16. (a) Informant Clift Campbell

(b) Address Route 2, Portageville, Mo.

17. (a) Removal (b) Date thereof July 31, 1943
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Portageville, Mo.

18. (a) Signature of funeral director F. J. Sparks

(b) Address Cape Girardeau, Mo.

19. (a) 7-31-43 (b) F. W. Phelps
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 31
year 1943 hour 8 minute 30 A.M.

21. I hereby certify that I attended the deceased from ----- 19----- to Coroner Case 19-----;
that I last saw him ----- alive on ----- 19-----;
and that death occurred on the date and hour stated above.

Immediate cause of death Typhoid Fever Duration -----

Due to -----

Due to -----

Other conditions -----
(Include pregnancy within 3 months of death)

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? ----- (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 Dr. J. F. Leonard 3 Coroner
(M. D. or other) Address Jackson, Mo Date signed 7/31/43

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RECEIVED

District Health Officer No. 4
District File Number 843-25
Date Filed 8-10-43

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 Frank Spinks
Licensed Embalmer No. 3450
P. O. Address Caps. Bunker

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.