

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

35539

ED NOV 15 1943

Registration District No. 290

Primary Registration District No. 4427

State File No.

Registrar's No. 121

1. PLACE OF DEATH:

(a) County Polaski Co.  
(b) City or town Waynesville  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: Dewitt Hosp.  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 5 Hrs.  
(Specify whether years, months or days)  
In this community 5 Hrs.

3. (a) PRINT FULL NAME RONALD Lee Campbell

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

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced 0  
6. (b) Name of husband or wife. 6. (c) Age of husband or wife if alive 4 years  
7. Birth date of deceased Nor. 4 - 1943  
(Month) (Day) (Year)

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

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

10. Usual occupation

11. Industry or business

MOTHER FATHER { 12. Name RONALD E. Campbell  
13. Birthplace New Castle - IND  
(City, town, or county) (State or foreign country)  
14. Maiden name Fuby Cleverger  
15. Birthplace Spiceland, IND  
(City, town, or county) (State or foreign country)

16. (a) Informant RONALD E Campbell  
(b) Address Waynesville Mo. RFD #2  
17. (a) removal (b) Date thereof 11/5/43  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation New Castle, IND

18. (a) Signature of funeral director T. H. Hoops & Son

(b) Address Cracker Mo.

19. (a) 11-8-1943 (b) L. H. M. Ord  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Polaski  
(c) City or town Waynesville (Rural)  
(If outside city or town limits, write "RURAL")  
(d) Street No. R.F.D. #2  
(If rural, give location)  
(e) Citizen of foreign country? No (Yes or No)  
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov day 4  
year 1943 hour 2 minute 10 P.M.  
21. I hereby certify that I attended the deceased from 11 - 4  
19 43 to 11 - 4 19 43  
that I last saw him alive on 11 - 4 19 43  
and that death occurred on the date and hour stated above.

Immediate cause of death Pulmonary atelectasis  
Due to Premature birth

Due to

Other conditions (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?

(Specify type of place) While at work? Means of injury

23. Signature J. B. Williams (J. D. or other)  
Address Waynesville Mo. Date signed 11/9/43

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**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 Paul B. Hooper  
Licensed Embalmer No. 3261  
P. O. Address Wagenerville, 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.**