

S. No. 2  
M-5-42  
5-17-39  
I X32873

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

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS  
FILED JAN 10 1944  
Registration District No. 62

STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 10080  
Registrar's No. 111  
Primary Registration District No. 5238

1. PLACE OF DEATH:  
(a) County Cedar  
(b) City or town Rural-Jefferson Twp  
(c) Name of hospital or institution: XXXX  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution XX  
(Specify whether  
In this community XXXX years, months or days)

3. (a) PRINT FULL NAME German Charles Lafayette Campbell  
3. (b) If veteran, name war. XXX  
3. (c) Social Security No. XY

4. Sex Male 5. Color or race white  
6. (a) Single, widowed, married, divorced married  
6. (b) Name of husband or wife May Campbell  
6. (c) Age of husband or wife if alive 51 years  
7. Birth date of deceased August 7, 1890  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
53 3 25 XXXXXX min.

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

10. Usual occupation Farming

11. Industry or business XXX

MOTHER FATHER  
12. Name Madison Campbell  
13. Birthplace Cedar County, Missouri  
(City, town, or county) (State or foreign country)  
14. Maiden name Mary Cooksey  
15. Birthplace Cedar County, Mo.  
(City, town, or county) (State or foreign country)

16. (a) Informant Mal Campbell  
(b) Address Dunnegan, Missouri  
17. (a) Burial  
(Burial, cremation, or removal) (b) Date thereof 12-5-1943  
(Month) (Day) (Year)

(c) Place: burial or cremation Alder Cemetary  
18. (a) Signature of funeral director Church and Neake  
(b) Address Stockton, Missouri

19. (a) 1-3-44 (b) Mrs Ethel Church  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:  
(a) State Mo. (b) County Cedar  
(c) City or town Rural-Jefferson Twp  
(If outside city or town limits, write "RURAL")  
(d) Street No. XXXX  
(If rural, give location)  
(e) Citizen of foreign country? NO (Yes or No)  
If yes, name country. XXX

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month Dec day 2  
year 1943 hour 1 minute 05 P.  
21. I hereby certify that I attended the deceased from 7-9-  
1943, to 12-2-43;  
that I last saw him alive on 12-2-1943  
and that death occurred on the date and hour stated above.

Immediate cause of death  
Carcinoma of stomach  
Duration yrs.

Due to  
Due to

Other conditions  
(Include pregnancy within 3 months of death)

Major findings:  
Of operations  
Of autopsy  
H6 f

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 Wm B. Richter (M. D. or other)  
Address Stockton, Mo. Date signed 12-8-43

12-43-1454  
1-6-44

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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 Melvin Church

Licensed Embalmer No. 3272

P. O. Address Stockton 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.**