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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 3166

FILED FEB 1 1944

Registration District No. 136 Primary Registration District No. 2001 Registrar's No. 10

1. PLACE OF DEATH:
(a) County Jasper
(b) City or town Joplin
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 615 Porter ave
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution —
(Specify whether
In this community 5 years.
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Jasper
(c) City or town Joplin
(If outside city or town limits, write "RURAL")
(d) Street No. 615 Porter ave
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Ellen Elizabeth Campbell
3. (b) If veteran, name war —
3. (c) Social Security No. —
4. Sex Female
5. Color or race W.
6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife —
6. (c) Age of husband or wife if alive — years
7. Birth date of deceased Dec (Month) 23 (Day) 1859 (Year)

8. AGE: Years 84 Months 0 Days 9 If less than one day hr. min.

9. Birthplace Kansas City (City, town, or county) Mo. (State or foreign country)
10. Usual occupation Housewife.
11. Industry or business
FATHER
12. Name James Torrence
13. Birthplace (City, town, or county) Canada (State or foreign country)
MOTHER
14. Maiden name Lidia Lester
15. Birthplace (City, town, or county) Canada (State or foreign country)
16. (a) Informant Mrs L. S. McKee
(b) Address 615 Porter - Joplin, Mo
17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 1-4-44 (Month) (Day) (Year)
(c) Place: burial or cremation Kansas City Mo.
18. (a) Signature of funeral director Thornhill - Dillon
(b) Address Joplin Mo
19. (a) 1-4-44 (Date received local registrar) (b) Jeremiah Sudholtz (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 2 year 1944 hour 8 15 minute a. M.
21. I hereby certify that I attended the deceased from Oct, 1942, to Jan 2, 1944 that I last saw her alive on , 19 ; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Stroke apoplexy	
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? (Specify type of place)
While at work? (e) Means of injury
23. Signature V. E. Kinney (M. D. or other)
Address 311 Miners Bank Date signed 1/3/44

1204

(Licensed Embalmer's Statement on Reverse Side)

44-1-14

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 Cecil A. Mornhill

Licensed Embalmer No. 3590

P. O. Address Joplin, 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.