S. No. 2
OM—2-43
v. 5-17-39
I X35897

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED FEB 5 1944

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

4035

State File No.

Registration District No. 294 Primary Registration District No. 3056 Registrar's No. 21

88
6
3

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

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Randolph
(c) City or town Moberly
(If outside city or town limits, write "RURAL")
(d) Street No. 701 Fisk
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME James Edward Campbell
3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Birth date of deceased Jan (Month) 4th (Day) 1864 (Year)

8. AGE: Years	Months	Days	If less than one day
80	0	17	hr. min.

9. Birthplace (City, town, or county) Iowa (State or foreign country)
10. Usual occupation Retired Engineer
11. Industry or business Wabash R.R.
12. FATHER Name no data
13. FATHER Birthplace (City, town, or county) (State or foreign country)
14. MOTHER Maiden name
15. MOTHER Birthplace (City, town, or county) (State or foreign country)
16. (a) Informant Mrs. J. E. Campbell
(b) Address Moberly Mo
17. (a) Removal (Burial, cremation, or removal) (b) Date thereof Jan. 23rd 44 (Month) (Day) (Year)
(c) Place: burial or cremation Waterloo Iowa
18. (a) Signature of funeral director Mahan and Son
(b) Address Moberly Mo
19. (a) 1-25-44 (Date received local registrar) (b) Lena Hale (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 21st year 1944 hour 5 minute 45 a.m.
21. I hereby certify that I attended the deceased from Jan 1, 1944, to Jan. 21, 1944; that I last saw him alive on Jan 21, 1944; and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma rectosigmoid colon — Duration 2
Due to
Due to
Other conditions (Include pregnancy within 3 months of death)
Major findings: Of operations Inoperable
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 R. A. Streeter (M. D. or other) M.D.
Address Moberly, Mo. Date signed Jan 23 1944

1056

(Licensed Embalmer's Statement on Reverse Side)

JAN 23 1947

FEB 10 1944

RECEIVED
District Health Officer No. 10
District File Number 2-44-516
Date Filed FEB 8 1944

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 S. De Witt

Licensed Embalmer No. 3021

P. O. Address: Moberly, Ohio

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.