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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED APR 7 1944

Registration District No. _____

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

10262

State File No. _____

Primary Registration District No. 5618

Registrar's No. 23

1. PLACE OF DEATH:
(a) County: Andrew
(b) City or town: King City (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Platte Twp. / Rural Route / (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution: None (Specify whether years, months or days)
In this community: About 1 yr.

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County: Andrew
(c) City or town: King City (If outside city or town limits, write "RURAL")
(d) Street No.: Rural - Route / Platte Twp. (If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME: James Robert Campbell
3. (b) If veteran, name war: None
3. (c) Social Security No.: No
4. Sex: M
5. Color or race: W
6. (a) Single, widowed, married, divorced: W
6. (b) Name of husband or wife: Mary Katherine Campbell
6. (c) Age of husband or wife if deceased: _____ years
7. Birth date of deceased: October (Month) 22 (Day) 1856 (Year)

8. AGE: Years 87 Months 2 Days 22 If less than one day _____ hr. _____ min.

9. Birthplace: Barnard (City, town, or county) Missouri (State or foreign country)
10. Usual occupation: Retired Farmer
11. Industry or business: _____
12. Name (Father): Robert Campbell
13. Birthplace (Father): Belfast (City, town, or county) Ireland (State or foreign country)
14. Maiden name (Mother): Sprague
15. Birthplace (Mother): York (City, town, or county) State (State or foreign country)
16. (a) Informant: Bertha Campbell
(b) Address: Barnard, Mo
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 3-16-44 (Month) (Day) (Year)
(c) Place: burial or cremation: Barnard Cemetery
18. (a) Signature of funeral director: Campbell Funeral Home
(b) Address: Maryville, Mo
19. (a) 3-16-44 (Date received local registrar) (b) F. A. Frischman (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 14 year 1944 hour 9 minute 00 A.M.
21. I hereby certify that I attended the deceased from November 15, 1943, to March 14, 1944, that I last saw him alive on February 27, 1944, and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Chronic glomerular nephritis	5 yrs
Due to: Senility - enlarged prostate	
Due to:	
Other conditions (Include pregnancy within 3 months of death):	
Major findings: Of operations:	
Of autopsy: None	

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: Luther E. Rockhold M.D.
Address: Union Star, Mo Date signed: 3/15/43

10/12

(Licensed Embalmer's Statement on Reverse Side)

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 W Dean Campbell

Licensed Embalmer No. 2620

P. O. Address Maryville M

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wi the above constitutes grounds for revocation of license.)

If this body is [redacted] embalmed, fact should be so stated above.