

S. No. 2  
OM-5-43  
v. 5-17-39  
I X36671

21733

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. \_\_\_\_\_

FILED JUL 15 1944

Registration District No. 157

Primary Registration District No. 3028

Registrar's No. 143

1. PLACE OF DEATH:  
 (a) County Jasper  
 (b) City or town Carthage  
(If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution: McCune-Brooks Hospital 0  
(If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution 7 1/2 months  
 In this community 15 years (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:  
 (a) State Missouri (b) County Jasper 49  
 (c) City or town Carthage 1  
(If outside city or town limits, write "RURAL")  
 (d) Street No. 1510 So. Main St. 3  
(If rural, give location)  
 (e) Citizen of foreign country? No (Yes or No)  
 If yes, name country 0

3. (a) PRINT FULL NAME Irma M. Campbell  
 (b) If veteran, name war none  
 (c) Social Security No. none

MEDICAL CERTIFICATION  
 20. DATE OF DEATH: Month June day 18  
 year 1944 hour 1:55 minute AM  
 21. I hereby certify that I attended the deceased from June  
1944, to June 18, 1944  
 that I last saw her alive on June 17, 1944  
 and that death occurred on the date and hour stated above.

4. Sex female 5. Color or race white  
 6. (a) Single, widowed, married, divorced married  
 (b) Name of husband or wife J. L. Campbell  
 (c) Age of husband or wife if alive 21 years 1892  
 7. Birth date of deceased July 21 1892  
(Month) (Day) (Year)

Immediate cause of death Carcinoma of Breast 5 yrs  
 Duration 5 yrs  
 Due to Metastases widespread

8. AGE: Years 51 Months 10 Days 27  
 If less than one day hr. min.

Other conditions 50  
(Include pregnancy within 3 months of death)  
 Major findings:  
 Of operations 50  
 Of autopsy \_\_\_\_\_

9. Birthplace Davies County 0 Missouri  
(City, town, or county) (State or foreign country)  
housewife

PHYSICIAN \_\_\_\_\_  
 Underline the cause to which death should be charged statistically.

10. Usual occupation \_\_\_\_\_  
 11. Industry or business \_\_\_\_\_  
 12. Name Richard M. McQue  
 13. Birthplace unknown 1 Virginia  
(City, town, or county) (State or foreign country)  
 14. Maiden name Elizabeth Rodgers  
 15. Birthplace unknown 9 unknown  
(City, town, or county) (State or foreign country)

16. (a) Informant J. L. Campbell  
 (b) Address 1510 S. Main, Carthage, Mo.

22. If death was due to external causes, fill in the following:  
 (a) Accident, suicide, or homicide (specify) \_\_\_\_\_  
 (b) Date of occurrence \_\_\_\_\_

17. (a) Burial (b) Date thereof June 20, 1944  
(Burial, cremation, or removal) (Month) (Day) (Year)  
 (c) Place: burial or cremation Gallatin, Mo.

(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? \_\_\_\_\_

18. (a) Signature of funeral director Knell Mortuary  
Carthage, Mo.  
 (b) Address \_\_\_\_\_  
 19. (a) June 19, 1944 (b) Elizabeth Corplein  
(Date received local registrar) (Registrar's signature)

While at work? \_\_\_\_\_  
(Specify type of place)  
 Means of injury 0  
 23. Signature Russell Smith (M. D. or other) MD  
 Address Carthage, Mo Date signed 6-18-44

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

9  
1  
3

1263

(Licensed Embalmer's Statement on Reverse Side)

44-6-535

*[Faint handwritten notes, possibly including "sup 3" and "de..."]*

**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 Emmald Kuep

Licensed Embalmer No. 391

P. O. Address Cartage

**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.**