

FILED AUG 9 1944

Registration District No. _____

Primary Registration District No. 3019-5422

Registrar's No. 1-0-0

1. PLACE OF DEATH:

(a) County Dunklin
(b) City or town Kennett, Mo. (Rural)
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: None
(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)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Dunklin
(c) City or town Kennett, Mo (If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Lairdy Wayne Campbell

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex Male 5. Color or race W 6. (a) Single, widowed, married, divorced single

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased June 1 1944
(Month) (Day) (Year)

8. AGE: Years _____ Months 1 Days 27 If less than one day _____ hr. _____ min.

9. Birthplace Kennett (Rural) Mo. 0
(City, town, or county) (State or foreign country)

10. Usual occupation None

11. Industry or business None

12. Name William Campbell

13. Birthplace Arkland Mo 0
(City, town, or county) (State or foreign country)

14. Maiden name Agnes Byrd

15. Birthplace Senath Mo 0
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs Ellen Byrd

(b) Address Kennett, Mo

17. (a) Burial (b) Date thereof 7-28-1944
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Senath Cemetery

18. (a) Signature of funeral director Paul Salzman

(b) Address Kennett Mo

19. (a) 7-31-44 (b) Julia Markensal
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 27
year 1944 hour 19:40 minute 0 A.M.

21. I hereby certify that I attended the deceased from Unattended By a Physician
that I last saw him _____ alive on _____, 19____
and that death occurred on the date and hour stated above.

Immediate cause of death Acute Bacillary Gastroenteritis
Due to unsanitary feeding

Due to _____
Other conditions (Include pregnancy within 3 months of death) _____

Major findings: Of operations 119a
Of autopsy _____

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? _____

While at work? _____ (Specify type of place) (e) Means of injury 2
23. Signature George Redburn DO (M. D. or other)
Address Coroner of Dunklin Co Date signed 7-29-44

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

35
00

RECEIVED
District Health Office No. 2,
District File Number 844-1048
Date Filed 8-4-44

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 *Halmon*

Licensed Embalmer No. 2556-

P. O. Address *Kennett, 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.