

FILED OCT 24 1944

Registration District No. 1228

Primary Registration District No. 2000

39
62
6
WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County Greene

(b) City or town Springfield
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
869 South Campbell
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution.....
(Specify whether

In this community Lifetime
(years, months or days)

3. (a) PRINT FULL NAME Frances Ellen Campbell

3. (b) If veteran, name war No

3. (c) Social Security No. No

4. Sex F | 5. Color or race White | 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife James Henry Campbell

6. (c) Age of husband or wife if alive 83 years

7. Birth date of deceased December 13, 1866
(Month) (Day) (Year)

8. AGE: Years 77 Months 9 Days 19 If less than one day hr. min.

9. Birthplace Greene Co. Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation House wife

11. Industry or business _____

12. Name James Payne

13. Birthplace Greene Co. Mo.
(City, town, or county) (State or foreign country)

14. Maiden name Mary Harris

15. Birthplace Greene Co. Mo.
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Ethel Hughes

(b) Address 637 South Washington St., Mo.

17. (a) Burial (b) Date thereof 10-3-44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Patterson Cemetery

18. (a) Signature of funeral director W. L. Dunn

(b) Address Springfield, MO.

19. (a) 10-3-44 (b) W. L. Dunn
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Greene

(c) City or town Springfield
(If outside city or town limits, write "RURAL")

(d) Street No. 869 South Campbell
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 2 and
year 1944 hour 5 minute 50 P.M.

21. I hereby certify that I attended the deceased from Sept 20 1944 to Oct 2 1944
that I last saw her alive on Oct 1 and that death occurred on the date and hour stated above.

Immediate cause of death Intestinal Obstruction

Due to Cancer of the Bowels

Due to _____

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

Major findings: Of operations H63

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 _____

23. Signature D. F. Youll (M. D. or other) J. D. O.

Address 234 E Commercial Date signed 10/3/44
Springfield, Mo.

84217

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..... *JW Maples*
Licensed Embalmer No. *2985*
P. O. Address. *Clear 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.