

FILED NOV 28 1944/2
Registration District No. **1000**

Primary Registration District No. **1000**

Registrar's No. **1163**

1. PLACE OF DEATH: **Buchanan**

(a) County **Buchanan**

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

(c) Name of hospital or institution: **State Hospital**
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution **7 days**
(Specify whether years, months or days)

In this community **7 days**

2. USUAL RESIDENCE OF DECEASED:

(a) State **Mo** (b) County **Linn**

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

(d) Street No. **7**
(If rural, give location)

(e) Citizen of foreign country? **No**
If yes, name country **il**

3. (a) PRINT FULL NAME **Milton Harvey Campbell**

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

4. Sex **M** 5. Color or race **N** 6. (a) Single, widowed, married, divorced **9**

6. (b) Name of husband or wife **Lorain Campbell** 6. (c) Age of husband or wife if alive **about 80 years**

7. Birth date of deceased **June 11 1861**
(Month) (Day) (Year)

| 8. AGE: | Years | Months | Days | If less than one day |
|---------|-----------|----------|----------|----------------------|
| | 83 | 5 | 5 | hr. min. |

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

10. Usual occupation **Farmer**

11. Industry or business

12. Name **John Campbell**

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

14. Maiden name **Lorain Horton**

15. Birthplace **Unknown Ind**
(City, town, or county) (State or foreign country)

16. (a) Informant **A. H. Campbell**

(b) Address **Fulton Mo**

17. (a) Removal (Burial, cremation, or removal) **Removal** (b) Date thereof **11/16/44**
(Month) (Day) (Year)

(c) Place: burial or cremation **Fulton, Mo**

18. (a) Signature of funeral director **Bible & Bowman**

(b) Address **319 So 10th**

19. (a) **11/16/44** (b) **Delan J. Pickel**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Nov** day **16** year **1944** hour **1** minute **30 P.** M.

21. I hereby certify that I attended the deceased from **Nov 17**, 1944, to **Nov 16**, 1944, that I last saw him alive on **Nov 16** and that death occurred on the date and hour stated above.

Immediate cause of death **Bronchial pneumonia**

Due to.....

Due to.....

Other conditions **Double pneumonia**
(Include pregnancy within 3 months of death)

Major findings:
Of operations.....
Of autopsy..... **107**

Duration
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?.....

While at work?.....
(Specify type of place) (e) Means of injury

23. Signature **L. J. Struck** (M. D. or other).....

Address **State Hosp #2** Date signed **11/16/44**

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

MOTHER FATHER

APR 21 1953

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 A. Bowman

Licensed Embalmer No.

1710

P. O. Address

St. Joseph, 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.