

Registration District No. Primary Registration District No.

1. PLACE OF DEATH:

(a) County _____

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

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

(d) Length of stay: In hospital or institution _____ (Specify whether
In this community _____ years, months or days) 0

3. (a) PRINT FULL NAME CLINTON James Campbell

3. (b) If veteran, name war Nil

3. (c) Social Security No. Unknown

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

6. (b) Name of husband or wife Doris Marie Campbell 6. (c) Age of husband or wife if alive 34 years

7. Birth date of deceased October 15 1910
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>34</u>	<u>2</u>	<u>16</u>	hr. _____ min. _____

9. Birthplace Hamburg Arkansas
(City, town, or county) (State or foreign country)

10. Usual occupation Claim Agent

11. Industry or business Missouri Pacific R.R.

12. Name W.F. Campbell

13. Birthplace Unknown Arkansas
(City, town, or county) (State or foreign country)

14. Maiden name Sally Wood

15. Birthplace Ashley County Arkansas
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. C.J. Campbell

(b) Address Alexandria, Louisiana

17. (a) Removal (b) Date thereof 1-2-44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation McGhee, Arkansas

18. (a) Signature of funeral director Albert H. Hoppe

(b) Address 4700 Washington Blvd.

19. (a) JAN 2 (b) J. F. Bredeek
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Louisiana (b) County Rapides 999

(c) City or town Alexandria 16
(If outside city or town limits, write "RURAL") ON R

(d) Street No. 168 Sunset Dr.
(If rural, give location)

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 1 day 1
year 1945 hour 3 minute 50 P.M.

21. I hereby certify that I attended the deceased from 12-20 1944 to 1-1 1945
that I last saw him alive on 1-1 1945
and that death occurred on the date and hour stated above.

Immediate cause of death Uremia

Due to malignant hypertension

Due to chronic glomerular nephritis

Other conditions no

(Include pregnancy within 3 months of death)

Duration

Major findings:
Of operations no

Of autopsy Thyroid carcinoma, advanced
Bronchopneumonia

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

22. If death was due to external causes, fill in the following J. A. Stastan, Jr.

(a) Accident, suicide, or homicide (specify) no

(b) Date of occurrence no

(c) Where did injury occur? no
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?
no

While at work? no (Specify type of place) (e) Means of injury no

23. Signature J. F. Bredeek (M. D. or other) MD

Address 1755 J. Donald Davis, MD Date signed 1-1-45

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

17
9

MOTHER FATHER

SL

SL

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

Albert W. Napper

Licensed Embalmer No. *1861*

P. O. Address.....

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.