7. S. No. 2
DM—9-4-41
ev. 5-17-39
bI X29484

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED FEB 16 1945

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 6528

Registration District No. 185 Primary Registration District No. 4300 Registrar's No. 1

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1. PLACE OF DEATH:
(a) County: Linn
(b) City or town: Laclede
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: /
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution ____ (Specify whether years, months or days)
In this community: 26 years

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County: Linn
(c) City or town: Laclede
(If outside city or town limits, write "RURAL")
(d) Street No. 0
(If rural, give location)
(e) Citizen of foreign country? No. (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME: William Edward Campbell
3. (b) If veteran, name war
3. (c) Social Security No. 487-14-7365
4. Sex: Male
5. Color or race: White
6. (a) Single, widowed, married, divorced: Married
6. (b) Name of husband or wife: Lola Townsend Campbell
6. (c) Age of husband or wife if alive: 62 years
7. Birth date of deceased: January (Month) 11 (Day) 1875 (Year)
8. AGE: Years 70 Months 0 Days 5 If less than one day ____ hr. ____ min.
9. Birthplace: Kahoka (City, town, or county) Missouri (State or foreign country)
10. Usual occupation: Black Smith
11. Industry or business: Home
MOTHER FATHER
12. Name: William Ray Campbell
13. Birthplace: Not known (City, town, or county) (State or foreign country)
14. Maiden name: Linda J. Kadu
15. Birthplace: Iowa (City, town, or county) (State or foreign country)
16. (a) Informant: Lola Campbell
(b) Address: Laclede, Linn Co. Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 1-18-1945 (Month) (Day) (Year)
(c) Place: burial or cremation: Laclede, Mo. Cem
18. (a) Signature of funeral director: M. S. Shannon
(b) Address: Laclede, Linn Co. Mo.
19. (a) Jan. 18, 1945 (Date received local registrar) (b) Mrs. Vina Rowland (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan. day 16th year 1945 hour 6 minute 55 P. M.
21. I hereby certify that I attended the deceased from ____, 1944, to Jan. 16, 1945 that I last saw him alive on Jan. 16, 1945 and that death occurred on the date and hour stated above.

Immediate cause of death: Chronic Myocarditis
due to Chronic Interstitial Nephritis
Due to
Due to
Other conditions (Include pregnancy within 3 months of death): 13 A
Major findings:
Of operations
Of autopsy

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? (Specify type of place)
While at work? (e) Means of injury 2
23. Signature: Dr D R Evans (M. D. or other)
Address: Laclede, Mo. Date signed 1-17-45

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(Licensed Embalmer's Statement on Reverse Side)

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 me

M G Thorne, Registered Apprentice No.

working under my personal supervision.

Signed M G Thorne

Licensed Embalmer No. 2876

P. O. Address LaClede, Linn Co. 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.