S. No. 2
OM—2-43
v. 5-17-39
I X35897

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED APR 10 1945

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 10831

Registration District No. 360 — Primary Registration District No. 3076 — Registrar's No. 25

1. PLACE OF DEATH:

(a) County Vernon

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

(c) Name of hospital or institution: Nevada Hospital 0 (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 4 days (Specify whether years, months or days)

In this community 8 yrs

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Barton 6

(c) City or town rural 0 (If outside city or town limits, write "RURAL")

(d) Street No. Lamar Mo. R. 3. 0 (If rural, give location)

(e) Citizen of foreign country? no 0 (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME ELLA CAMPBELL

3. (b) If veteran, name war

3. (c) Social Security No. none

4. Sex F 1

5. Color or race W

6. (a) Single, widowed, married, divorced M.

6. (b) Name of husband or wife William T. Campbell

6. (c) Age of husband or wife if alive 78 years

7. Birth date of deceased Jan (Month) 1 (Day) 1874 (Year)

8. AGE: Years 71 Months 2 Days 3 If less than one day hr. min.

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

10. Usual occupation housewife

11. Industry or business

FATHER
12. Name Thomas La Rue
13. Birthplace (City, town, or county) Ky 1 (State or foreign country)

MOTHER
14. Maiden name unknown
15. Birthplace (City, town, or county) unknown (State or foreign country)

16. (a) Informant Ruth Lee Fedder

(b) Address Lamar Mo. R. 3.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Mar 4 1945 (Month) (Day) (Year)

(c) Place: burial or cremation burial - Howell Cemetery

18. (a) Signature of funeral director A B Berry & Sons

(b) Address Sheldon Mo.

19. (a) 3-8-45 (Date received local registrar) (b) Hazel B. Beursk (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Mar day 4 year 1945 hour 8:45 minute P M.

21. I hereby certify that I attended the deceased from Mar 1 1945 to Mar 4 1945 that I last saw her alive on Mar 4 1945 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Bronchi Pneumonia	4 days
Due to: following Influenza	several days
Due to:	
Other conditions: none (Include pregnancy within 3 months of death)	

Major findings:
Of operations none
Of autopsy none

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 ✓

23. Signature W. D. Love MD (M.D. or other)

Address Nevada Mo Date signed 3-8-45

1331

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 7
3-40-301
4-9-45

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.....Carroll T. Beery.....

Licensed Embalmer No.....2385.....

P. O. Address.....Sheldon 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.