

S. No. 2  
 M-8-43  
 v. 5-17-39  
 X37823

13928

DEPARTMENT OF COMMERCE  
 BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI  
 STANDARD CERTIFICATE OF DEATH

State File No. \_\_\_\_\_

FILED APR 26 1945

Registration District No. \_\_\_\_\_

Primary Registration District No. 3043

Registrar's No. 52

1. PLACE OF DEATH: *Marion*  
 (a) County *Marion*  
 (b) City or town *Hannibal*  
 (If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution: *Levering Hosp. !*  
 (If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution *40 days*  
 (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:  
 (a) State *Illinois* (b) County *Pike*  
 (c) City or town *Rural Barry*  
 (If outside city or town limits, write "RURAL")  
 (d) Street No. *Rural Route 1*  
 (If rural, give location)  
 (e) Citizen of foreign country? *No* (Yes or No)  
 If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME *Theodore K. Campbell*  
 3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

MEDICAL CERTIFICATION  
 20. DATE OF DEATH: Month *Feb.* day *17*  
 year *1945* hour *9:00* minute \_\_\_\_\_ P. M.  
 21. I hereby certify that I attended the deceased from *Feb 1*  
 19*45* to *Feb 17* 19*45*  
 that I last saw him *alive* on *Feb 17* 19*45*  
 and that death occurred on the date and hour stated above.

4. Sex *Male !* 5. Color or race *White*  
 6. (a) Single, widowed, married, divorced *Married*  
 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
 (Day) (Year)  
 7. Birth date of deceased *August 2 1894*  
 (Month) (Day) (Year)

Immediate cause of death: *Ca of bones - metastatic from a growth on face*  
 Due to \_\_\_\_\_ Duration \_\_\_\_\_

8. AGE: Years *70* Months *6* Days *15*  
 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

Due to \_\_\_\_\_  
 Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_  
 Major findings: *none 53*  
 Of operations \_\_\_\_\_  
 Of autopsy \_\_\_\_\_

9. Birthplace *Pittsfield Illinois !*  
 (City, town, or county) (State or foreign country)

10. Usual occupation *Farmer*

11. Industry or business *Farm*

12. Name *O. S. Campbell*

13. Birthplace *Pittsfield Illinois !*  
 (City, town, or county) (State or foreign country)

14. Maiden name *Mary Hayes*

15. Birthplace *Pittsfield Illinois !*  
 (City, town, or county) (State or foreign country)

16. (a) Informant *Thos. W. Lock*

(b) Address *Barry, Illinois*

17. (a) *Removal* (b) Date thereof *Feb. 20 1945*  
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation *Pittsfield Ill.*

18. (c) Signature of funeral director *Heller Lock Funeral Home*

(b) Address *Barry, Illinois*

19. (a) *2-20-45* (b) *T. W. Connor*  
 (Date received local registrar) (Registrar's signature)

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 *[Signature]* (M. D. or other) \_\_\_\_\_  
 Address *[Address]* Date signed *2-20-45*

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

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1146

(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 \_\_\_\_\_, Registered Apprentice No. \_\_\_\_\_, working under my personal supervision.

Signed Jack N. Lichten  
Licensed Embalmer No. 4110  
P. O. Address Humboldt, 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.**