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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAY 11 1945

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 14298

Registration District No. 388 — Primary Registration District No. 5969 — Registrar's No. 9

1. PLACE OF DEATH:

(a) County Polk
(b) City or town Dunnegan (Rural) Campbell Twp.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution 2 Miles South of Dunnegan
(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 45 years.

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Polk
(c) City or town Dunnegan (Rural)
(If outside city or town limits, write "RURAL")
(d) Street No. 2 Miles South of Dunnegan
(If rural, give location)
(e) Citizen of foreign country? No 0 (Yes or No)
If yes, name country None

3. (a) PRINT FULL NAME Ezekiel Madison Campbell

3. (b) If veteran, name war None

3. (c) Social Security No. None

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

6. (b) Name of husband or wife Ina Campbell

6. (c) Age of husband or wife if alive 77 years

7. Birth date of deceased May 8, 1859 (Month) (Day) (Year)

8. AGE: Years 85 | Months 11 | Days 15 | If less than one day ____ hr. ____ min.

9. Birthplace Cedar County (City, town, or county) Missouri (State or foreign country)

10. Usual occupation Farmer

11. Industry or business Farming

FATHER
12. Name William Campbell
13. Birthplace Tenn. (City, town, or county) (State or foreign country)

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

16. (a) Informant Mrs. Ina Campbell
(b) Address Dunnegan Mo.

17. (a) Burial Rural (Burial, cremation, or removal) (b) Date thereof April 25 1945 (Month) (Day) (Year)
(c) Place: burial or cremation Elder Cemetery
18. (a) Signature of funeral director Ewing and Blue
(b) Address Dunnegan Mo.
19. (a) 4-25-1945 (Date received local registrar) (b) Dora McAllister (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 23 year 1945 hour 3:30 minute P. M.

21. I hereby certify that I attended the deceased from Sept. 8 In, 1943, to April 23, 1945; that I last saw him alive on April 6 In, 1945; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Myocardial insufficiency	3 M.
Due to: Pernicious Anemia	2 yrs +
Due to:	
Other conditions (Include pregnancy within 3 months of death):	
Major findings: Of operations: None / Of autopsy:	

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 Dr. R. F. Wilson (M. D. or other) DO
Address Fair Play Mo. Date signed 4/25/45

1362 (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 Willard R. Erwin

Licensed Embalmer No. 3093

P. O. Address Belmar, 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.