

U. S. No. 2  
DOM-2-43  
Rev. 5-17-39  
I X35697

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

17165

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

FILED MAY 22 1945  
Registration District No. 156

Primary Registration District No. 2001

Registrar's No. 222

9  
2  
5

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

Dr Moody

1. PLACE OF DEATH:

(a) County Jasper

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

(c) Name of hospital or institution:  
Home 202 N. Sergeant /  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 60 years (Specify whether  
in this community \_\_\_\_\_ years, months or days)

3. (a) PRINT FULL NAME Elizabeth Anne Campbell

3. (b) If veteran, name war No.

3. (c) Social Security No. No

4. Sex Female / 5. Color or race White

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

6. (b) Name of husband or wife Edward C. Campbell

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

7. Birth date of deceased July 16 1860  
(Month) (Day) (Year)

8. AGE: Years 84 Months 9 Days 24  
If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace Randolph County Illinois  
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business \_\_\_\_\_

MOTHER FATHER { 12. Name Andrew Mahan

13. Birthplace No Record /  
(City, town, or county) (State or foreign country)

14. Maiden name Sophia Caudle

15. Birthplace No Record /  
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs George Young

(b) Address 202 N. Sergeant

17. (a) Burial (b) Date thereof May 12 45  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mount Hope Cemetery Hurlbut Und. Co.

18. (a) Signature of funeral director \_\_\_\_\_

(b) Address Joplin, Mo.

19. (a) 5-11-45 (b) Quintus S. Walker  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jasper 49

(c) City or town Joplin /  
(If outside city or town limits, write "RURAL") 2

(d) Street No. 202 North Sergeant /  
(If rural, give location) 5

(e) Citizen of foreign country? No. /  
If yes, name country \_\_\_\_\_ (Yes or No) 0

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 10  
year 1945 hour 4 minute 10 AM.

21. I hereby certify that I attended the deceased from Dec 14 1931 to May 9 1945  
that I last saw her alive on May 9 1945  
and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of Rectum

Due to \_\_\_\_\_

Duration 6 yrs

Due to \_\_\_\_\_

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Major findings: H&O

Of operations \_\_\_\_\_

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? \_\_\_\_\_

While at work \_\_\_\_\_ (Specify type of place)

(e) Means of injury \_\_\_\_\_

Signature Quintus S. Walker (M. D. or other) \_\_\_\_\_

Address Joplin Mo Date signed 5-11-45

1264

(Licensed Embalmer's Statement on Reverse Side)

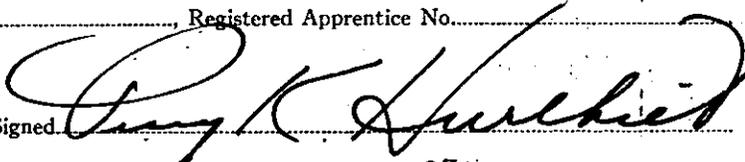
.45-5-418

**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.....

.....  
working under my personal supervision.

..... Registered Apprentice No.....

Signed 

..... Licensed Embalmer No. 959.....

..... P. O. Address Joplin, 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.**