V. S. No. 2
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Rev. 5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 24671

FILED AUG 9 1945

Registration District No. 275 Primary Registration District No. 3053 Registrar's No. 92

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

1. PLACE OF DEATH:

(a) County Phelps
(b) City or town Rolla
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether
In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Phelps 81
(c) City or town Rolla 2
(If outside city or town limits, write "RURAL")
(d) Street No. 1205 Maple 2
(If rural, give location)
(e) Citizen of foreign country? 0 (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Settia Campbell
3. (b) If veteran, name war —
3. (c) Social Security No. —
4. Sex Female 1
5. Color or race White
6. (a) Single, widowed, married, divorced divorced 2
6. (b) Name of husband or wife Clarence W. Campbell
6. (c) Age of husband or wife if alive 69 years
7. Birth date of deceased October (Month) 4th (Day) 1872 (Year)

8. AGE: Years 72 Months 9 Days 21 If less than one day hr. min.

9. Birthplace Rolla (City, town, or county) Missouri (State or foreign country)
10. Usual occupation Housewife
11. Industry or business
FATHER
12. Name Charles Falkenath
13. Birthplace Unknown (City, town, or county) Germany (State or foreign country)
MOTHER
14. Maiden name Emaline Roberts
15. Birthplace Springfield (City, town, or county) Missouri (State or foreign country)
16. (a) Informant Mr. Chas. Falkenrath
(b) Address Rolla, Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof July 27 1945 (Month) (Day) (Year)
(c) Place: burial or cremation Rolla Cemetery
18. (a) Signature of funeral director Smith-Hollow [signature]
(b) Address Rolla, Mo.
19. (a) 7-28-45 (Date received local registrar) (b) Mrs. Juanita Harvey (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 25 year 1945 hour 10 minute 40 P. M.

21. I hereby certify that I attended the deceased from July 22, 1945 to July 25, 1945 that I last saw her alive on July 25, 1945 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Cerebral Hemorrhage	4 days
Due to Cardio Vascular Renal disease	10 years
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
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? (Specify type of place)
While at work? (e) Means of injury

23. Signature W M Collins [signature] (M. D. or other) DO
Address Rolla Mo Date signed 7/25/45

1403

(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 [illegible]

Licensed Embalmer No. 3643

P. O. Address Rolla, 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.