V. S. No. 2
0M—9-4-41
Rev. 5-17-39
I X29484

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED AUG 24 1945

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 28644

Registration District No. 333 Primary Registration District No. 3094 Registrar's No.

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

100
5
2

1. PLACE OF DEATH:
(a) County: Scott
(b) City or town: Sikeston
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: /
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution ..... In this community: 3 years (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County: Scott
(c) City or town: Sikeston
(If outside city or town limits, write "RURAL")
(d) Street No.: 318 Kendall St.
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME: Leonard J. Campbell
3. (b) If veteran, name war: x
3. (c) Social Security No. 489-12-8984
4. Sex: M (1)
5. Color or race: W
6. (a) Single, widowed, married, divorced: M /
6. (b) Name of husband or wife: Alma Dean Campbell
6. (c) Age of husband or wife if alive: 34 years
7. Birth date of deceased: 2 (Month) 14 (Day) 1908 (Year)
8. AGE: Years 37 Months 4 Days 7 If less than one day ..... hr. ..... min.
9. Birthplace: Sikeston (City, town, or county) Missouri (State or foreign country) /
10. Usual occupation: Ass't Mgr. Theater
11. Industry or business: Theater Business
MOTHER FATHER
12. Name: Jack Campbell
13. Birthplace: Unknown (City, town, or county) 9 (State or foreign country)
14. Maiden name: Nannie Beavers
15. Birthplace: Unknown (City, town, or county) 9 (State or foreign country)
16. (a) Informant: Alma Dean Campbell
(b) Address: ~~Unknown~~ 318 Kendall St. Sikeston
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 6/22/45 (Month) (Day) (Year)
(c) Place: burial or cremation: Sikeston, Mo.
18. (a) Signature of funeral director: Hunter Albritton
(b) Address: Sikeston, Mo.
19. (a) 8/27/45 (Date received local registrar) (b) Lavie Largent (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 6 day 21 year 1945 hour 11 minute 20 a M.
21. I hereby certify that I attended the deceased from 2-22-45, 19..., to 6-21, 1945 that I last saw him alive on 3-12, 1945 and that death occurred on the date and hour stated above.

Immediate cause of death: Anemia — Duration
Due to: Hodgkins Disease
Due to:
Other conditions (Include pregnancy within 3 months of death):
Major findings: Of operations: HJB
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: E. D. Urbain (M. D. or other) M. D.
Address: Sikeston, Mo. Date signed 6-26-45

1318

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Office No. 2
District File Number 845-2937
Date Filed 8-21-45

OCT - 8 1945

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 Embalmed, Registered Apprentice No. ....., working under my personal supervision.

Signed John Allerton

Licensed Embalmer No. 2941

P. O. Address Sikeston, 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.