

STANDARD CERTIFICATE OF DEATH

State File No. **37521**

**FILED DEC 3 1945**

Registration District No. **156**

Primary Registration District No. **2001**

Registrar's No.

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:  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether)  
In this community **20 years**  
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Jasper**  
(c) City or town **Joplin**  
(If outside city or town limits, write "RURAL")  
(d) Street No. **2222 Joplin**  
(If rural, give location)  
(e) Citizen of foreign country? **no** (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME **Irene Revena Campbell**

3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

4. Sex **f** / 5. Color or race **W** / 6. (a) Single, widowed, married, divorced **married**  
6. (b) Name of husband or wife **Chester Campbell** 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
7. Birth date of deceased **January 9, 1903**  
(Month) (Day) (Year)

8. AGE: Years **42** Months **10** Days **8** If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace **Burlingame Kansas**  
(City, town, or county) (State or foreign country)

10. Usual occupation **Housewife**

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

MOTHER FATHER

12. Name **Anthony Molloy**  
13. Birthplace **Burlingame Kansas**  
(City, town, or county) (State or foreign country)  
14. Maiden name **Lula Ping**  
15. Birthplace **Galena Kansas**  
(City, town, or county) (State or foreign country)

16. (a) Informant **Chester Campbell**  
(b) Address **2222 Joplin, Joplin, Mo**  
17. (a) **Burial** (b) Date thereof **11-20-45**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Osborn Memorial**  
18. (a) Signature of funeral director **PARKER-HUNSAKER**  
(b) Address **1502 Joplin, Joplin, Mo**  
19. (a) **11-21-45** (b) **Ed J. Jones**  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **NOV** day **17**  
year **1945** hour **10** minute **40 p.m.**  
21. I hereby certify that I attended the deceased from **Oct 22**  
**1945** to **Nov 17 1945**  
that I last saw her alive on **Nov 17 1945**  
and that death occurred on the date and hour stated above.

Immediate cause of death **Carcinoma of Cecum**  
Duration \_\_\_\_\_

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

Major findings: Of operations **469**  
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 \_\_\_\_\_  
23. Signature **Clyde R. Anderson, D.O.**  
Address **Joplin, Mo** Date signed **11/20/45**

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

1404

45-11-907

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**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 F. M. Jones

Licensed Embalmer No. 2319

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.**