V. S. No. 2
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

Campbell

State File No. 42092

FILED JAN 9 1946

Registration District No. 274

Primary Registration District No. 3052

Registrar's No. 334

1. PLACE OF DEATH:

(a) County Pettis

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

(c) Name of hospital or institution: Bothwell Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution ..... (Specify whether
In this community 35 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Pettis 80

(c) City or town Sedalia 6
(If outside city or town limits, write "RURAL")

(d) Street No. 1524 So.Grand 4
(If rural, give location)

(e) Citizen of foreign country? ..... (Yes or No) 0

If yes, name country .....

3. (a) PRINT FULL NAME NELLIE M LARGE

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 Wid. 2

6. (b) Name of husband or wife W.R.Large

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

7. Birth date of deceased April (Month) 6 (Day) ~~1875~~ 1876 (Year)

8. AGE: Years ~~70~~ 69 | Months 7 | Days 25 | If less than one day ..... hr. ..... min.

9. Birthplace St.Clair (City, town, or county) Missouri (State or foreign country)

10. Usual occupation Housewife

11. Industry or business .....

FATHER
12. Name F.A.Murphy
13. Birthplace St.Clair (City, town, or county) Missouri (State or foreign country)

MOTHER
14. Maiden name Virginia
15. Birthplace Franklin Co. (City, town, or county) Missouri (State or foreign country)

16. (a) Informant Mrs.W.W.Blain

(b) Address Sedalia,Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 12/3/45 (Month) (Day) (Year)

(c) Place: burial or cremation Mem.Park

18. (a) Signature of funeral director Geo Dillard

(b) Address Sedalia

19. (a) 12-3-45 (Date received local registrar) (b) A J Campbell (Registrar's signature)

1486

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 1st year 1945 hour One minute a M.

21. I hereby certify that I attended the deceased from Jan 1st 1945 to Dec 1 1945 that I last saw her alive on Nov 30 1945 and that death occurred on the date and hour stated above.

Immediate cause of death Respiratory failure

Due to Myocarditis & Hafed Zooster

Due to Stomach trouble

Other conditions Senility & general debility
(Include pregnancy within 3 months of death)

Major findings:
Of operations .....

Of autopsy 930

Duration

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 A J Campbell (M. D. or other) M.D.

Address Sedalia Mo. Date signed 12-2-45

(Licensed Embalmer's Statement on Reverse Side)

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. .....

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

RECEIVED
District Health Officer No. 8
District File Number
Date Filed 1-7-44

1. PLACE OF DEATH:
(a) County .....
(b) City or town ..... (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 ..... (years, months or days)

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

3. (a) PRINT FULL NAME .....
3. (b) If veteran, name war ..... 3. (c) Social Security No. .....
4. Sex ..... 5. Color or race ..... 6. (a) Single, widowed, married, divorced .....
6. (b) Name of husband or wife ..... 6. (c) Age of husband or wife if alive ..... years
7. Birth date of deceased ..... (Month) (Day) (Year)
8. AGE: Years ..... Months ..... Days ..... If less than one day ..... hr. ..... min.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month ..... day ..... year ..... hour ..... minute ..... M.
21. I hereby certify that I attended the deceased from ..... 19.... to ..... 19.... that I last saw h..... alive on ..... 19.... and that death occurred on the date and hour stated above.
Immediate cause of death ..... Duration
Due to .....
Due to .....

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 L. E. Boulch

Licensed Embalmer No. 3867

P. O. Address Sedalia

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.

(Licensed Embalmer's Statement on Reverse Side)

ABLE LEGIBLE—USE BLENDING BLACK INK—NAME A PERMANENT RECORD