

**FILED** JAN 31 1946

**STANDARD CERTIFICATE OF DEATH**

State File No. ....

Registration District No. 47

Primary Registration District No. 3008

Registrar's No. 22

**1. PLACE OF DEATH:**

(a) County Calloway  
(b) City or town Tullton  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: State Hospital No. 2  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 4 1/2 days (Specify whether  
In this community same  
years, months or days)

**2. USUAL RESIDENCE OF DECEASED:**

(a) State Missouri (b) County Marion  
(c) City or town High Gate (If rural, give location)  
(d) Street No. 2  
(e) Citizen of foreign country? no (Yes or No)  
If yes, name country .....

**3. (a) PRINT FULL NAME** BUNA CAMPBELL

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

4. Sex female 5. Color or race white  
6. (b) Name of husband or wife Ch Campbell 6. (c) Age of husband or wife if alive 24 years  
7. Birth date of deceased 7 4 1880  
(Month) (Day) (Year)

8. AGE: Years 61 Months 6 Days 10 If less than one day hr. min.

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

10. Usual occupation housewife

11. Industry or business .....

12. Name William Hamell

13. Birthplace Mo  
(City, town, or county) (State or foreign country)

14. Maiden name Mary Hamilton

15. Birthplace Ark  
(City, town, or county) (State or foreign country)

16. (a) Informant Records State Hosp. No. 1  
(b) Address Tullton Mo

17. (a) Removal (b) Date thereof 1-13-1946  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation State Hill Cem.

18. (a) Signature of funeral director W. J. Cunningham

(b) Address 1-15-1946

19. (a) 1-15-1946 (b) Joan Moravickoff  
(Date received local registrar) (Registrar's signature)

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month Jan day 14  
year 1946 hour 2 minute 25 P. M.

21. I hereby certify that I attended the deceased from Jan 5 to Jan 14  
that I last saw her alive on Jan 14 and that death occurred on the date and hour stated above.

Immediate cause of death Lobar Pneumonia

Due to .....

Due to .....

Other conditions (Include pregnancy within 3 months of death) .....

Major findings: Of operations .....

Of autopsy 108

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 R. R. Pugh M.D. (M. D. or other)  
Address Tullton Mo Date signed 1-15-46

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

4  
1  
2  
264  
WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED  
District Health Officer No. 9,  
District File Number.....  
Date Filed 1-30-46

FFB 1 1946

**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 *M. C. Bumpstead*  
Licensed Embalmer No. 3664  
P. O. Address *Verona 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.**