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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAR 8 1946

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 4599

Registration District No. 42 Primary Registration District No. 1000 Registrar's No. 240

1. PLACE OF DEATH:

(a) County Buchanan

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

(c) Name of hospital or institution: 1902 Angelique St (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether

In this community 1 mo 6 days years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Buchanan

(c) City or town St Joseph (If outside city or town limits, write "RURAL")

(d) Street No. 1902 Angelique (If rural, give location)

(e) Citizen of foreign country? no (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME MIRRIAM Olivia Campbell

3. (b) If veteran, name war no

3. (c) Social Security No. no

4. Sex Female

5. Color or race negro

6. (a) Single, widowed, married, divorced Single

6. (b) Name of husband or wife no none

6. (c) Age of husband or wife if alive no years

7. Birth date of deceased Jan (Month) 16 (Day) 1946 (Year)

8. AGE: Years 0 Months 1 Days 6 If less than one day hr. min.

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

10. Usual occupation None

11. Industry or business None

FATHER
12. Name Hiram Campbell Jr
13. Birthplace Topeka Kansas (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Bruna Mae Turner
15. Birthplace St Joseph Mo (City, town, or county) (State or foreign country)

16. (a) Informant Bruna Mae Campbell

(b) Address 1902 Angelique St

17. (a) burial (Burial, cremation, or removal) (b) Date thereof 2-25-46 (Month) (Day) (Year)

(c) Place: burial or cremation Ashland Cem

18. (a) Signature of funeral director Ramsey & Son Mort

(b) Address 1602 Messanie St.

19. (a) Feb. 27, 1946 (Date received local registrar) (b) [signature] (Registrar's signature) By V.H.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 22 year 1946 hour 2 minute 40 P.M.

21. I hereby certify that I attended the deceased from 20 Feb 1946, to 22 Feb 1946 that I last saw him alive on 22 Feb 1946 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Bronchial Pneumonia	4 days
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

107

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 0

23. Signature [signature] (M. D. or other)

Address 25 Feb 46 Date signed 2/25/46

(Licensed Embalmer's Statement on Reverse Side) 1908 Messanie St

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 D F Ramsey

Licensed Embalmer No. 4081

P. O. Address 1602 Messaure

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.