

FILED FEB 19 1946 **STANDARD CERTIFICATE OF DEATH**

State File No. _____

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 40 years
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jasper 49

(c) City or town Joplin 2
(If outside city or town limits, write "RURAL")

(d) Street No. 615 West 13th 5
(If rural, give location)

(e) Citizen of foreign country? no (Yes or No) 0
If yes, name country _____

3. (a) PRINT FULL NAME Hattie 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 Edd Campbell 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased 1882
(Month) (Day) (Year)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 14
year 1946 hour 7 minute 30 P. M.

21. I hereby certify that I attended the deceased from Jan. 7, 1946 to Jan. 14, 1946
that I last saw her alive on Jan. 14, 1946
and that death occurred on the date and hour stated above.

8. AGE: Year 63 Months _____ Days _____ If less than one day hr. _____ min. _____

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

10. Usual occupation Housewife

11. Industry or business _____

MOTHER { 12. Name no record

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

14. Maiden name no record

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

16. (a) Informant Edd Campbell
(b) Address 615 West 13th, Joplin, Mo

17. (a) Burial (b) Date thereof 1-16-46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Forest Park

18. (a) Signature of funeral director PARKER HUNSAKER
(b) Address 1502 Joplin, Joplin, Mo

19. (a) 1-17-46 (b) E. D. [Signature]
(Date received local registrar) (Registrar's signature)

Immediate cause of death Pulmonary edema 24 hrs.

Due to hypertension & myocardial failure with general anasarca 2 yrs.

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

PHYSICIAN

Major findings: _____
Of operations: HP
Of autopsy: HP

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 P. T. [Signature] (M. D. or other) M. D.
Address 725 Francis, Joplin, Mo Date signed 1-15-46

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

46-1-68

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 Steve Parker

Licensed Embalmer No. 2548

P. O. Address John M

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.