

S. No. 2
1-8-43
5-17-39
-1 X37623

DEPARTMENT OF COMMERCE
BUREAU OF VITAL RECORDS
THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

6720

State File No. _____

Registration District No. 277

Primary Registration District No. 5150

Registrar's No. 3

1. PLACE OF DEATH: Pike

(a) County Hartford Sup

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

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

(d) Length of stay: In hospital or institution _____ (Specify whether years, months or days)

In this community _____ (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County St. Louis

(c) City or town Websters Groves
(If outside city or town limits, write "RURAL")

(d) Street No. _____ (If rural, give location)

(e) Citizen of foreign country? No (Yes or No)
If yes, name country 4

3. (a) PRINT FULL NAME James W^m Campbell

3. (b) If veteran, name war None

3. (c) Social Security No. None

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan Day 12 Year 1946 Hour 2 minute P. M.

4. Sex Male 5. Color or race White

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

6. (b) Name of husband or wife Gertrude A. Campbell

6. (c) Age of husband or wife if alive 71 years

7. Birth date of deceased: Sept (Month) 19 (Day) 1866 (Year)

21. I hereby certify that I attended the deceased from Jan 12th 1946 to Jan 12th 1946 and that I last saw him alive on Jan 12th 1946 and that death occurred on the date and hour stated above.

8. AGE:	Years	Months	Days	If less than one day
	<u>79</u>	<u>3</u>	<u>23</u>	hr. _____ min.

Immediate cause of death Coronary Thrombosis

Due to _____

Due to _____

9. Birthplace Montgomery Co, Mo. (City, town or county) (State or foreign country)

10. (a) Usual occupation Retired Government Employee

(b) Industry or business Employee

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

Major findings: Of operations A40

Of autopsy _____

11. Name Thomas L. Campbell

12. Birthplace Virginia (City, town, or county) (State or foreign country)

13. Maiden name Sarah A. King

14. Birthplace Pike Co. Mo. (City, town, or county) (State or foreign country)

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

15. (a) Informant Thos L. W. Campbell

(b) Address New Hartford, Mo

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____

(b) Date of occurrence _____

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan 15 1946 (Month) (Day) (Year)

(c) Place: burial or cremation Vandalia Mo

18. (a) Signature of funeral director Wm. Baughman

(b) Address Bowling Green Mo.

19. (a) 1-30-46 (Date received local registrar) (b) F. Bill Robinson (Registrar's signature)

(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 A. J. Smith (M. D. or other) _____

Address Middletown, Mo. Date signed 4/4/46

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

MOTHER'S NAME
Gertrude A. Campbell

254

JUN 12 1946

MAR 8 1946

AUG 9 1946

RECEIVED

District Health Officer No. 10

District File Number 2-46-294

Date Filed FEB 25 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 _____

Grace Bonstead

Licensed Embalmer No. _____

2204

P. O. Address _____

Bowling Green 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.

STATE BOARD OF HEALTH OF MISSOURI
BUREAU OF VITAL STATISTICS

State of Missouri
County of Montgomery } ss.

State File No. 6720
Local Registrar's No. 3

AFFIDAVIT FOR CORRECTION OF A RECORD

On this 28th day of May, 1946 before me appears

A. Heisch M.D., who, upon his oath, states that the original record of birth
for James William Campbell died Jan 15th, 1946 in the State of
Missouri, and which was filed at Jefferson City, Mo. on Feb 28, 1946 should be corrected as follows:

Item No. 20 should read Jan 12th 1946

Instead of Jan 15th 46

Item No. 21 should read Jan 12th 46 last time I saw him

Instead of Jan 15th of 46 last time I saw him

Item No. _____ should read _____

Instead of _____

Item No. _____ should read _____

Instead of _____

Item No. _____ should read _____

Instead of _____

Item No. _____ should read _____

Instead of _____

Item No. _____ should read _____

Instead of _____

Item No. _____ should read _____

Instead of _____

The above is true to the best of my knowledge, information and belief.

(SEAL)

Affiant A. Heisch M.D. Physician
Relationship.

Middletown, Mo
Present Address.

Subscribed and sworn to before me this 28th day of May, 1946

My Commission expires 7-1-46 Guy Hidinge Notary Public.

Affidavits containing erasures will not be accepted; draw one line through error and write above it.

JUN 12 1978

6720