S. No. 2
M—2-43
. 5-17-39
P I X35697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED APR 29 1946

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 14127

Registration District No. 290 Primary Registration District No. 4427 Registrar's No. 39

1. PLACE OF DEATH:

(a) County Pulaski

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

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

(d) Length of stay: In hospital or institution 7 days (Specify whether years, months or days)
In this community

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Pulaski

(c) City or town Waynesville, Rural
(If outside city or town limits, write "RURAL")

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

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

3. (a) PRINT FULL NAME James A. Campbell

3. (b) If veteran, name war World War 2

3. (c) Social Security No.

4. Sex Male

5. Color or race White

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

6. (b) Name of husband or wife Sadie Campbell

6. (c) Age of husband or wife if alive 17 years

7. Birth date of deceased Feb (Month) 20 (Day) 1923 (Year)

8. AGE: Years 23 | Months 1 | Days 25 | If less than one day hr. min.

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

10. Usual occupation Laborer

11. Industry or business

FATHER
12. Name Jas. A. Campbell
13. Birthplace Illinois (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Edith Worman
15. Birthplace Louisiana (City, town, or county) Missouri (State or foreign country)

16. (a) Informant J. F. Gan
(b) Address Waynesville, Missouri

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 4-17-46 (Month) (Day) (Year)
(c) Place: burial or cremation Iduma Cemetery

18. (a) Signature of funeral director J. L. Hoops & Sons
(b) Address Crocker, Missouri

19. (a) 4-26-46 (Date received local registrar) (b) Louise B. McClintock (Registrar's signature)

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(Licensed Embalmer's Statement on Reverse Side)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 14
year 1946 hour 6 minute 15 P.M.

21. I hereby certify that I attended the deceased from Feb 20 1946 to Apr 14 1946 that I last saw him alive on Apr 14 1946 and that death occurred on the date and hour stated above.

Immediate cause of death Bronchitis 4 yrs
Due to Pneumonia, bronchial 15 days
Due to
Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

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 C. Melcher M.D. (M. D. or other)
Address Crocker, Mo Date signed 4-26-46

MAY 6 1946

AUG 26 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 Paul B Hoop

Licensed Embalmer No. 3261

P. O. Address Crocker, 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.