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K37823

Montgomery
State File No. 15443
Registrar's No.

FILED 3824 1946
Registration District No.

Primary Registration District No. 6179

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

1. PLACE OF DEATH:

(a) County Sullivan
(b) City or town Pollock (Rural) Jackson Twp.
(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.
In this community 69 yrs. (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Sullivan
(c) City or town Pollock - Rural
(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

3. (a) PRINT FULL NAME Samuel Tilden Campbell

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

4. Sex M 5. Color or race W
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Amanda Alice Campbell
6. (c) Age of husband or wife if alive 70 years
7. Birth date of deceased Feb 4 1877 (Month) (Day) (Year)

8. AGE: Years 69 Months 1 Days 26 If less than one day hr. min.

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

10. Usual occupation FARMER

11. Industry or business

MOTHER FATHER

12. Name Eli Campbell
13. Birthplace Ohio (City, town, or county) (State or foreign country)
14. Maiden name Mary Myers
15. Birthplace Ind (City, town, or county) (State or foreign country)

16. (a) Informant Eli Campbell

(b) Address Pollock - Mo

17. (a) Rural (b) Date thereof 4/2/46 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Campbell Cem

18. (a) Signature of funeral director Schaefer

(b) Address 111 Milan
19. (a) April 4 - 1946 (b) Mrs. N.B. Harris (Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 30 year 1946 hour 9 minute P.M.

21. I hereby certify that I attended the deceased from March 29 1946 to March 30 1946 that I last saw him alive on March 29 1946 and that death occurred on the date and hour stated above.

Immediate cause of death obremia
Due to Prostatic obstruction ?

Other conditions Hypertension (Include pregnancy within 6 months of death) nephritis!
Major findings: Of operations:
Of autopsy:

ADDITIONAL SUPPLEMENTARY INFORMATION REQUESTED 1372

Duration about a week.

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? (c) Means of injury

23. Signature J.S. Montgomery (M. D. or other) Address 111 Milan Mo. Date signed

RECEIVED

District Health Officer No. 10

District File Number 4-46-89

Date Filed APR 22 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

Dwight Schoen

Licensed Embalmer No. 2667

P. O. Address

Melrose, 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.