

FILED JUN 5 1946

Registration District No. **80** Primary Registration District No. **4142**

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

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1. PLACE OF DEATH:
(a) County Gule
(b) City or town Russellville
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 65 yrs. (Specify whether years, months or days)
In this community 65 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Cole
(c) City or town Russellville
(If outside city or town limits, write "RURAL")
(d) Street No. 1
(If rural, give location)
(e) Citizen of foreign country? 2 (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Mary Jane Campbell
3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month May day 15 year 1946 hour 12 minute 30 P.M.
21. I hereby certify that I attended the deceased from Dec 1944 to May 15, 1946
that I last saw her alive on May 15, 1946 and that death occurred on the date and hour stated above.

4. Sex Female 5. Color or race white 6. (a) Single, widowed, married, divorced, widowed
(b) Name of husband or wife A. N. Campbell 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased Jan. 6 1876
(Month) (Day) (Year)

Immediate cause of death Chronic Nephritis and Chronic Myocarditis
Due to _____
Duration 1 1/2 yrs

8. AGE: Years 69 Months 4 Days 9 If less than one day hr. _____ min. _____

Due to _____
Other conditions (Include pregnancy within 3 months of death) _____
Major findings: Of operations _____
Of autopsy 1 3/4

9. Birthplace Lovett, Ind.
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business _____

MOTHER FATHER }
12. Name George Wetzal
13. Birthplace Ind.
(City, town, or county) (State or foreign country)
14. Maiden name Ann Chapman
15. Birthplace Ind.
(City, town, or county) (State or foreign country)

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? _____

16. (a) Informant Miss Anna Campbell
(b) Address Russellville, Mo.

17. (a) Burial (b) Date thereof 5-17-1946
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Everest Cemetery

18. (c) Signature of funeral director Hugo H. Schubert
(b) Address Russellville, Mo.

23. Signature Walter J. Leslie (M. D. or other) _____
Address Russellville, Mo. Date signed 4-17-46

19. (c) May 17 (b) Mrs. Minnie Nettumeyer
(Data received from local registrar) (Registrar's signature)

RECEIVED

District Health Officer No. 9,

District File Number.....

Date Filed 6-4-46

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 Hugo H. Schubert

Licensed Embalmer No. 2820

P. O. Address Russellville, 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.