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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUN 12 1946

THE STATE BOARD OF HEALTH OF MISSOURI

# STANDARD CERTIFICATE OF DEATH

State File No. 17358

Registration District No. 209 Primary Registration District No. 3043 Registrar's No. 179

**1. PLACE OF DEATH:**

(a) County Marion

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

(c) Name of hospital or institution: Levering Hospital 0
(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

**2. USUAL RESIDENCE OF DECEASED:**

(a) State Illinois (b) County Pike 999

(c) City or town Hull 11
(If outside city or town limits, write "RURAL")

(d) Street No. 0
(If rural, give location)

(e) Citizen of foreign country? (Yes or No) 2

If yes, name country

3. (a) PRINT FULL NAME James Henry Campbell

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex Male 0

5. Color or race White

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

6. (b) Name of husband or wife Minerva

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

7. Birth date of deceased July 25, 1877 (Month) (Day) (Year)

8. AGE: Years 68 Months 9 Days 18 If less than one day hr. min.

9. Birthplace Winchester Illinois (City, town, or county) / (State or foreign country)

10. Usual occupation Carpenter

11. Industry or business Self

FATHER
12. Name James Campbell
13. Birthplace Winchester Illinois / (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Cordelia Gregory
15. Birthplace Winchester Illinois / (City, town, or county) (State or foreign country)

16. (a) Informant Everett T Watters
(b) Address Hull Illinois

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof May 16, 1946 (Month) (Day) (Year)
(c) Place: burial or cremation Akers Chapel - Hull, Ill

18. (a) Signature of funeral director W. C. Cosgrove
(b) Address Payson Illinois

19. (a) 5-14-46 (Date received local registrar) (b) Dr. E. M. Lucke (Registrar's signature)

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month May day 12 year 1946 hour 11 minute 15 P.M.

21. I hereby certify that I attended the deceased from May 1, 1946, to May 13, 1946, that I last saw him alive on May 13, 1946, and that death occurred on the date and hour stated above.

| | Duration |
|---|---|
| Immediate cause of death: Coronary disease | |
| Due to: | |
| Due to: | |
| Other conditions: an appendectomy (Include pregnancy within 3 months of death) | |
| Major findings: Of operations: an appendectomy | |
| Of autopsy: | |

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 [illegible] (M. D.)
Address [illegible] Date signed 5/13/46

199 (Licensed Embalmer's Statement on Reverse Side)

## 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 Wm M. Smith

Licensed Embalmer No. 1204

P. O. Address Hannibal Missouri

**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.**