S. No. 2
OM—5-43
v. 5-17-39
I X36671

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

FILED JUN 12 1946

State File No. 19493

Registration District No. 42 Primary Registration District No. 1000 Registrar's No. 662

1. PLACE OF DEATH:

(a) County Buchanan

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

(c) Name of hospital or institution: 1903 Angelique Street (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether

In this community 30 years years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Buchanan

(c) City or town St Joseph (If outside city or town limits, write "RURAL")

(d) Street No. 1903 Angelique Street (If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME Hiram Logan Campbell

3. (b) If veteran, name war No.

3. (c) Social Security No. No.

4. Sex Male 2

5. Color or race Negro

6. (a) ~~Single~~, widowed, ~~married~~, ~~divorced~~ Widowed 2

6. (b) Name of husband or wife Mollie Perkins

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

7. Birth date of deceased July (Month) 20 (Day) 1875 (Year)

8. AGE:

Years	Months	Days	If less than one day
70	10	14	hr. min.

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

10. Usual occupation Barbering

11. Industry or business Barbering

FATHER
12. Name Shelby Campbell
13. Birthplace Belton (City, town, or county) Mo. (State or foreign country)

MOTHER
14. Maiden name Mary A. Kelley
15. Birthplace Belton (City, town, or county) Mo. (State or foreign country)

16. (a) Informant Robert Campbell

(b) Address 1903 Angelique St.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof June 8 (Month) 1946 (Day) (Year)

(c) Place: burial or cremation Ashland Cemetery

18. (a) Signature of funeral director Wm. H. Alexander

(b) Address 1602 Messanie Street

19. (a) June 7, 1946 (Date received local registrar) (b) [signature] (Registrar's signature) By V.N.H.

MEDICAL CERTIFICATION

20. **DATE OF DEATH:** Month June day 4 year 1946 hour 1 minute 0 P.M.

21. I hereby certify that I attended the deceased from Jan 1942, 19 , to 4 June, 1946 that I last saw h— alive on 4 June, 1946 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Angina Pectoris	1 da.
Due to Cancer of Prostate	4 yrs
Due to Senility	4 yrs
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations: None
Of autopsy None

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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 0

23. Signature [signature] (M. D. ~~or other~~)

Address St Joseph Mo. Date signed 4 June 46

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(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 Wm. H. Alexander, Registered Apprentice No. 402, working under my personal supervision.

Signed Frank A. Bowman

Licensed Embalmer No. 1710

P. O. Address St. Joseph 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.