S. No. 2
M—8-43
5-17-39
I X37823

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUL 11 1946

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

Raysor

State File No. 22466

Registration District No. 381 Primary Registration District No. 6179 Registrar's No.

1. PLACE OF DEATH:

(a) County Sullivan

(b) City or town Milan - 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 (Specify whether
In this community 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 Carl Leman 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 6. (c) Age of husband or wife if alive 40 years

7. Birth date of deceased June (Month) 19 (Day) 1906 (Year)

8. AGE: Years 39 Months 11 Days 18 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

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

MOTHER
14. Maiden name Iona Yardley
15. Birthplace Sullivan Co Mo (City, town, or county) (State or foreign country)

16. (a) Informant Evelyn Campbell
(b) Address Milan Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 6-9-46 (Month) (Day) (Year)
(c) Place: burial or cremation Campbell Cem. Pollock Mo

18. (a) Signature of funeral director Schoenly
(b) Address Milan Mo

19. (a) July 5-1946 (Date received local registrar) (b) Mrs. H. B. Harris (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 7 year 1946 hour 2 minute 1 M.

21. I hereby certify that I attended the deceased from June 7, 1946, to June 7, 1946 that I last saw him alive on June 7, 1946 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Bullet wound in right forehead - extending back	
Due to into brain	2 hrs.
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

PHYSICIAN

Underline the cause to which death should be charged statistically.

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22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) Suicide

(b) Date of occurrence June 7-46

(c) Where did injury occur? Milan Sullivan Mo. (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? Farm Garage (Specify type of place)

While at work? (e) Means of injury Rifle

23. Signature Ed Simpson (M. D. or other) 100

Address Milan Date signed 6-8-46

320 (Licensed Embalmer's Statement on Reverse Side)

AUG 1 1945

OCT 8 1946

RECEIVED
District Health Officer No. 10
District File Number 7-46-1321
Date Filed JUL 10 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 Schaeme

Licensed Embalmer No. 2667

P. O. Address Milan, 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.