

FILED SEP 6 1946
Registration District No. 62

Primary Registration District No. 5238

1. PLACE OF DEATH:

(a) County Cedar
(b) City or town Rural--Jefferson Township
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: XXXXXXXXXX
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution XXXXXXXXXX
(Specify whether years, months or days)

3. (a) PRINT FULL NAME CHARLES JOSEPH CAMPBELL

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

4. Sex M 5. Color or race W
6. (b) Name of husband or wife Amy Campbell
6. (c) Age of husband or wife if alive 72 years
7. Birth date of deceased February 9 1874
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
72 6 10 X hr. X min.

9. Birthplace Dunnegan, Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Farming

11. Industry or business XXXXXXXXXX

12. Name John S. Campbell
13. Birthplace Dunnegan, Missouri
(City, town, or county) (State or foreign country)
14. Maiden name Elizabeth Simmons
15. Birthplace Dunnegan, Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Cyelia Church
(b) Address Stockton, Mo.

17. (a) Burial (b) Date thereof 8-19-1946
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Stockton Cemetery

18. (a) Signature of funeral director CHURCH AND NEALE

(b) Address Stockton, Missouri

19. (a) 8-30-46 (b) Genova Harrison
(Date received local registrar) (Registrar signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Cedar
(c) City or town Rural
(If outside city or town limits, write "RURAL")
(d) Street No. Jefferson Township
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country XXXXXXXXXX

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 19,
year 1946 hour 6 minute 30 AM

21. I hereby certify that I attended the deceased from Aug. 17, 1946 to Aug. 19, 1946
that I last saw him alive on Aug. 17, 1946
and that death occurred on the date and hour stated above.

Immediate cause of death arteriosclerotic fibillation 5 day.

Due to

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.

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?

While at work (Specify type of place) (e) Means of injury

23. Signature Dr. J. H. Harrison (M. D. or other)

Address Stockton, Mo. Date signed 8-19-46

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

RECEIVED

OK. Health Officer, No. 7,

Issued File Number 8-46-922

Date Filed 9-5-46

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

Melvin Church

Licensed Embalmer No.

3272

P. O. Address

Stockton, 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.