

S. No. 2
M-5-43
5-17-39
X3667

DEPARTMENT OF COMMERCE THE STATE BOARD OF HEALTH OF MISSOURI
BUREAU OF THE CENSUS STANDARD CERTIFICATE OF DEATH

29553

FILED SEP 30 1946

State File No. _____

Registration District No. 42

Primary Registration District No. 1000

Registrar's No. 1051

1. PLACE OF DEATH:
(a) County Buchanan
(b) City or town St Joseph
(c) Name of hospital or institution:
909 Seneca St. 3
(d) Length of stay: In hospital or institution Most of Life
In this community Most of Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Buchanan
(c) City or town Faucett
(d) Street No. None
(e) Citizen of foreign country? No

3. (a) PRINT FULL NAME Charles W. Campbell
(b) If veteran, name war No
(c) Social Security No. None

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Sept day 12 year 1946 hour 8 minute A M.
21. I hereby certify that I attended the deceased from Sept 11, 1946, to Sept 12, 1946 that I last saw him alive on Sept 12, 1946 and that death occurred on the date and hour stated above.

4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Lizzie
6. (c) Age of husband or wife if alive 81 years
7. Birth date of deceased. May 14 1861

Immediate cause of death. Chronic Myocarditis
Scurvy

8. AGE: Years 85 Months 3 Days 28

Other conditions: _____
Major findings: Of operations 93D
Of autopsy _____

9. Birthplace Roanoke Va.
10. Usual occupation Retired Farmer

MOTHER FATHER
11. Industry or business _____
12. Name Austin Campbell
13. Birthplace Va.
14. Maiden name Catherine
15. Birthplace ? ?

PHYSICIAN _____
Underline the cause to which death should be charged statistically.

16. (a) Informant Mrs Hallie Housman
(b) Address St Joseph, Mo.
17. (a) Burial (b) Date thereof 9-14-46
(c) Place: burial or cremation Camden Point Cemetery
18. (a) Signature of funeral director Fleeman & Son, Inc.
(b) Address St Joseph, Mo.
19. (a) Sept. 23, 1946 (b) [Signature]

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? _____
(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____
23. Signature Maxwell Day (M. D. or other) _____
Address 218 N 7th St. Joseph, Mo. Date signed 9-13-46

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

3X (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~~.....

working under my personal supervision.

Signed.....

Robert H. Gypke

Licensed Embalmer No. 3308.....

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.