No. 2
-12-45
-17-39
X47070

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED DEC 10 1946

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

37407

State File No. .....

Registration District No. 156 Primary Registration District No. 2001 Registrar's No. .....

1. PLACE OF DEATH:

(a) County Jasper

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

(c) Name of hospital or institution: St Johns Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 1 day (Specify whether years, months or days)

In this community life

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jasper

(c) City or town Nat'l City
(If outside city or town limits, write "RURAL")

(d) Street No. 510 S Bell
(If rural, give location)

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

If yes, name country .....

41
1
21
1

3. (a) PRINT FULL NAME Ora Mae Campbell

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

4. Female 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Arthur J Campbell 6. (c) Age of husband or wife if alive 47 years

7. Birth date of deceased Dec (Month) 31 (Day) 1905 (Year)

8. AGE: Years	Months	Days	If less than one day
40	10	9	..... hr. ..... min.

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

10. Usual occupation Housewife

11. Industry or business .....

MOTHER FATHER

12. Name Frank Dunford

13. Birthplace ..... (City, town, or county) Iowa (State or foreign country)

14. Maiden name Susan Jessup

15. Birthplace ..... (City, town, or county) Ind (State or foreign country)

16. (a) Informant Arthur J Campbell

(b) Address Nat'l City

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Nov 12 1946 (Month) (Day) (Year)

(c) Place: burial or cremation Mount Hope Cem

18. (a) Signature of funeral director Nat'l City Und Co

(b) Address Nat'l City Mo

19. (a) 11-14-46 (Date received local registrar) (b) Ed Jenny (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov day 9 year 1946 hour 11 minute a M.

21. I hereby certify that I attended the deceased from November 7, 1946, to November 9, 1946; that I last saw her alive on November 9, 1946; and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Pulmonary embolism	6 hrs.
Due to Major surgery previous day	
Due to	
Other conditions (Include pregnancy within 3 months of death) 56B	

Major findings: Of operations Uterine fibroid, Retroversion, large chocolate cysts

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 S L Lowe M.D. (M. D. or other)

Address 308 Frisco Bldg Joplin Date signed 11-13-46

13 (Licensed Embalmer's Statement on Reverse Side)

46-11-98 7

DEC 20 1946

MAR 25 1947

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 Harvey E. Arnie, Registered Apprentice No. 412, working under my personal supervision.

Signed Clayton M. Johnston

Licensed Embalmer No. 4304

P. O. Address Webb City, 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.