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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED FEB 5 1947

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

43569

State File No. _____

Registration District No. 209

Primary Registration District No. 3043

Registrar's No. 26

1. PLACE OF DEATH:

(a) County Marion
(b) City or town Hannibal
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
427 Fulton Ave
(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)

3. (a) PRINT FULL NAME

Mary A. Campbell

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

4. Sex Female 5. Color or race White
6. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased January 2, 1871
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
75 9 22 hr. _____ min.

9. Birthplace Rockyvale Virg
(City, town, or county) (State or foreign country)

10. Usual occupation Dress Maker

11. Industry or business _____

MOTHER FATHER

12. Name William Campbell
13. Birthplace Rockyvale Virginia
(City, town, or county) (State or foreign country)
14. Maiden name Sarah Curtis
15. Birthplace Virginia
(City, town, or county) (State or foreign country)

16. (a) Informant Elizabeth Campbell
(b) Address 427 Fulton and Hannibal Mo
17. (a) Burial (b) Date thereof October 26, 1946
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Riverside Cem.

18. (a) Signature of funeral director James O'Donnell
(b) Address Hannibal Mo
19. (a) 1-14-47 (b) W. E. M. Lucke
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Marion 64
(c) City or town Hannibal 3
(If outside city or town limits, write "RURAL")
(d) Street No. 427 Fulton Ave 4
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No) 0
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 24
year 1946 hour _____ minute 3:30 P. M.
21. I hereby certify that I attended the deceased from Oct. 21-46
_____ 19 _____ to Oct. 24 _____ 19 46
that I last saw her alive on Oct 21 _____ 19 46
and that death occurred on the date and hour stated above.
Immediate cause of death Chronic myocarditis Duration _____

Due to Senility

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 0
23. Signature A. B. Blue (M. D. 0)
Address Hannibal Mo Date signed 10-26-46

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 *A. M. O'Connell*

Licensed Embalmer No. *3889*

P. O. Address *Hannibal 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.