

FILED FEB 24 1947

Registration District No. **183**

Primary Registration District No. **5691**

Registrar's No. **4**

1. PLACE OF DEATH:

(a) County Linn
(b) City or town Rockers Mo
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Jefferson Township
(If in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 2 Weeks (Specify whether
In this community 2 Weeks years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Chariton 21
(c) City or town Rural
(If outside city or town limits, write "RURAL")
(d) Street No. Cummingsburg Township
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME BENSON DEVELLA CAMPBELL

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

4. Sex Mo 5. Color or race W 6. (a) Single, widowed, married, divorced D 3

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased: Dec - 24 - 1860
(Month) (Day) (Year)

8. AGE: Years 86 Months 1 Days 15 If less than one day hr. min.

9. Birthplace D.K. Ohio
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business _____

12. Name Wm. Campbell

13. Birthplace D.K. 9
(City, town, or county) (State or foreign country)

14. Maiden name Eddy

15. Birthplace D.K. 9
(City, town, or county) (State or foreign country)

16. (a) Informant E. W. England

(b) Address Boomer

17. (a) Burial (b) Date thereof Feb-11-47
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Rose Hill Burial Home

18. (a) Signature of funeral director Brookfield Mo

(b) Address Brookfield Mo

19. (a) 2-11-1947 (b) W. G. Mattem
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 9
year 1947 hour 2 minute 30 M.
21. I hereby certify that I attended the deceased from Jan 24
1947, to Feb 9 1947;
that I last saw him alive on Feb 5 1947;
and that death occurred on the date and hour stated above.

Immediate cause of death Chronic myocarditis Duration 16 days

Due to _____
Due to _____

Other conditions (Include pregnancy within 3 months of death) _____

Major findings: 93P
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? _____

23. Signature W. H. Patten (M. D. or other) Mo
Address Brookfield Mo Date signed 2-10-47
While at work? _____ (Specify type of place) (e) Means of injury 21

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

MOTHER FATHER

**DISTRICT HEALTH OFFICE
Cameron, Mo.**

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

J. R. Blacklock

Licensed Embalmer No. *2246*

P. O. Address

Brookfield 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.