

FILED APR 1 1947

Registration District No. 360

Primary Registration District No. 3026

Registrar's No. 51

1. PLACE OF DEATH:

(a) County Vernon
 (b) City or town Nevada
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
Nevada Hospital
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution several days
(Specify whether years, months or days)

3. (a) PRINT FULL NAME Mary Campbell
 3. (b) If veteran, name war _____ No. _____
 3. (c) Social Security No. _____

4. Sex Female 5. Color or race Ch.
 6. (a) Single, widowed, married, divorced Widow
 6. (b) Name of husband or wife _____
 6. (c) Age of husband or wife if alive _____ years
 7. Birth date of deceased: Sep 7 1865
(Month) (Day) (Year)

8. AGE: Years 81 Months 6 Days 7 If less than one day _____ hr. _____ min.

9. Birthplace Williamson Co., Illinois
(City, town, or county) (State or foreign country)

10. Usual occupation Homekeeper

11. Industry or business _____

12. Name Maek Elders

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

14. Maiden name Minerva Stewart

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

16. (a) Informant Tom Griffin

(b) Address Nevada, Missouri

17. (a) Burial (b) Date thereof Mar 17 1947
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Newton Burial Park

18. (a) Signature of funeral director William E. Boyd

(b) Address Nevada, Mo.

19. (a) 3-25-47 (b) Ernest Vance
(Date received local registrar) (Registrar's Name)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Vernon
 (c) City or town Nevada, Mo.
(If outside city or town limits, write "RURAL")
 (d) Street No. 604 W. Oakland
(If rural, give location)
 (e) Citizen of foreign country? No. (Yes or No)
 If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 14
 year 1947 hour 2 minute 25 P.M.

21. I hereby certify that I attended the deceased from 6 March 1947 to 14 March 1947
 that I last saw her alive on 13 March 1947
 and that death occurred on the date and hour stated above.

Immediate cause of death: Uremia, acute
fracture, intertrochanteric,
left hip
 Duration: 2 days
7 days

Other conditions (include pregnancy within 3 months of death) _____
 Major findings: Of operations _____
 Of autopsy _____

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 Ray W. Frame (M. D. or other) M.D.
 Address Nevada, Mo. Date signed 17 Mar 47

ADDITIONAL PHYSICIAN SUPPLEMENTARY INFORMATION REQUESTED

MOTHER FATHER

RECEIVED
District Health Officer No. 7,
District File Number 9-47-335
Date Filed 3-21-47

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 Allen E. Kays
Licensed Embalmer No. 1968
P. O. Address Nevada, Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 2186

Registration District No. _____

Primary Registration District No. _____

Registrar's No. 51

1. PLACE OF DEATH

(a) County Vernon
(b) City or town Nevada
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:

(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 Campbell

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

4. Sex _____ 5. Color or race _____ 6. (a) Single, widowed, married, divorced _____

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

7. Birth date of deceased _____ (Month) _____ (Day) _____ (Year)

8. AGE: Years _____ Months _____ Days _____ (Less than one day) _____ min.

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

10. Usual occupation _____

11. Industry or business _____

12. Name _____

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

14. Maiden name _____

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

16. (a) Informant _____

(b) Address _____

17. (a) _____ (b) Date thereof _____ (Month) (Day) (Year)

(c) Place: burial or cremation _____

18. (a) Signature of funeral director _____

(b) Address _____

19. (a) _____ (b) _____ (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March 1947
year _____ hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from _____, 19____;

that I last saw him _____ alive on _____, 19____;
and that death occurred on the date and hour stated above.
Immediate cause of death _____

Duration _____

Due to Fracture of hip

Due to _____

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

PHYSICIAN

Major findings: _____
Of operations _____

Of autopsy _____

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) Accident

(b) Date of occurrence 6 March 1947

(c) Where did injury occur? Nevada VERNON MO
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?
HOME

While at work? _____ (Specify type of place)
(e) Means of injury Accidental Fall

23. Signature Ray W. Search (M. D. or other) MD

Address Wade Rd Date signed _____

SUPPLEMENTARY

MOTHER FATHER

S-12186