

S. No. 2  
FORM 5-43  
Rev. 5-17-39  
I X36871

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **13265**  
Registrar's No. **98**

FILED APR 18 1947

Registration District No. \_\_\_\_\_ Primary Registration District No. **4218**

**1. PLACE OF DEATH:**  
 (a) County **Henry**  
 (b) City or town **Windsor**  
(If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution:  
**709 S. Windsor**  
(If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution \_\_\_\_\_  
(Specify whether  
 In this community \_\_\_\_\_ **1 year** \_\_\_\_\_  
years, months or days)

**3. (a) PRINT FULL NAME Mrs. Anna Margaret Campbell**  
 3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

4. Sex **Fe** / 5. Color or race **W**  
 6. (a) Single, widowed, married, divorced **M** /  
 6. (b) Name of husband or wife **Ben M. Campbell** 6. (c) Age of husband or wife if alive **69** years  
 7. Birth date of deceased **January 20 1879**  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
**68 2 17** hr. \_\_\_\_\_ min.

9. Birthplace **St. Charles County, Mo**  
(City, town, or county) (State or foreign country)  
 10. Usual occupation **Housewife**

11. Industry or business \_\_\_\_\_  
 12. Name **Charles Rohlfing**  
 13. Birthplace **Unknown** **Germany**  
(City, town, or county) (State or foreign country)  
 14. Maiden name **Margaret Stehm**  
 15. Birthplace **Unknown** **Unknown**  
(City, town, or county) (State or foreign country)  
 16. (a) Informant **Ben M. Campbell**  
 (b) Address **Windsor, Missouri**  
 17. (a) **Burial** (b) Date thereof **4-9-47**  
(Burial, cremation, or removal) (Month) (Day) (Year)  
 (c) Place: burial or cremation **Rocheport, Missouri**  
 18. (a) Signature of funeral director **Huston Jurell**  
 (b) Address **Windsor, Missouri**  
 19. (a) **4-11-47** (b) **R. B. Kenney**  
(Date received local registrar) (Registrar's signature)

**2. USUAL RESIDENCE OF DECEASED:**  
 (a) State **Missouri** (b) County **Henry**  
 (c) City or town **Windsor**  
(If outside city or town limits, write "RURAL")  
 (d) Street No. **709 S. Windsor**  
(If rural, give location)  
 (e) Citizen of foreign country? **No** (Yes or No)  
 If yes, name country \_\_\_\_\_

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month **April** day **7**  
 year **1947** hour **2:50 P M** minute \_\_\_\_\_ M.  
 21. I hereby certify that I attended the deceased from **Mar 23** 19**47** to **Apr 6** 19**47**  
 that I last saw he alive on **Apr 6** 19**47**  
 and that death occurred on the date and hour stated above.

Immediate cause of death \_\_\_\_\_  
**Myocarditis**  
**hypertension**  
**Rheumatoid Arthritis**  
 Due to \_\_\_\_\_  
 Due to \_\_\_\_\_  
 Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_

Duration \_\_\_\_\_  
 PHYSICIAN \_\_\_\_\_  
 Underline the cause to which death should be charged statistically.

Major findings: **93D**  
 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 **Anna M. Windsor** (M. D. or other) \_\_\_\_\_  
 Address **Windsor** Date signed **4/8/47**

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

f2  
20

42  
20

120

RECEIVED  
District Health Officer No. 7,  
District No. Number 8-47-7-451  
Date filed 4-17-47

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.....

*William M. Turner*

Registered Apprentice No. *470*

working under my personal supervision.

Signed.....

*William M. Turner*

Licensed Embalmer No. *3391*

P. O. Address *Windsor*

**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.