

S. No. 2  
M-5-43  
v. 5-17-39  
P I X36671

FILED MAY 1 1947

Registration District No. 291

Primary Registration District No. 5998

Registrar's No. 37

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

1. PLACE OF DEATH:  
(a) County Putnam  
(b) City or town Gorb Supr. Rural  
(c) Name of hospital or institution: 1  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether)  
In this community ENTIRE LIFE years, months or days

2. USUAL RESIDENCE OF DECEASED:  
(a) State MO (b) County Putnam 86  
(c) City or town RURAL (If outside city or town limits, write "RURAL")  
(d) Street No. \_\_\_\_\_ (If rural, give location)  
(e) Citizen of foreign country? NO (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME LUCINDA ANN CAMPBELL  
3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month 4 day 20 year 1947 hour 13 minute 7 M.

4. Sex Female 5. Color or race White  
6. (a) Single, widowed, married, divorced WIDOWED  
6. (b) Name of husband or wife CARL ALBERT CAMPBELL  
6. (c) Age of husband or wife if alive \_\_\_\_\_ years (Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Jan 1947 to Apr 20 1947  
that I last saw her alive on Apr 10 and that death occurred on the date and hour stated above.

| 8. AGE: | Years     | Months   | Days     | If less than one day |
|---------|-----------|----------|----------|----------------------|
|         | <u>82</u> | <u>8</u> | <u>4</u> | _____ hr. _____ min. |

Immediate cause of death: Cerebral Hemorrhage  
Due to Hypertension

9. Birthplace: Putnam County Mo (City, town, or county) (State or foreign country)  
10. Usual occupation Housewife

Due to \_\_\_\_\_  
Other conditions: \_\_\_\_\_ (Include pregnancy within 3 months of death)  
Major findings: \_\_\_\_\_  
Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_

11. Industry or business \_\_\_\_\_  
12. Name SAMUEL GISH  
13. Birthplace Kentucky (City, town, or county) (State or foreign country)  
14. Maiden name SARAH MESSIC  
15. Birthplace Kentucky (City, town, or county) (State or foreign country)

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? \_\_\_\_\_

16. (a) Informant LOYD CAMPBELL (SON)  
(b) Address Powersville MO  
17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof 4-22-47 (Month) (Day) (Year)  
(c) Place: burial or cremation MADISONVILLE Cemetery  
18. (a) Signature of funeral director Marvell Durbin  
(b) Address Union MO  
19. (a) 4-24-47 (Date received local registrar) (b) Marvell Durbin (Registrar's signature)

23. Signature C. C. Louder (Specify type of place) (a) \_\_\_\_\_ (b) \_\_\_\_\_  
Address Louisville Mo Date signed 4/24/47

50  
65 APR 24  
District Health Office  
No. 10  
District File Number 447-267  
Date Filed APR 30 1947

RECEIVED  
District Health Office No. 10  
District File Number 447-267  
Date Filed APR 30 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 \_\_\_\_\_, Registered Apprentice No. \_\_\_\_\_, working under my personal supervision.

Signed H. Ivan Martin  
Licensed Embalmer No. 3760  
P. O. Address Panama, 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.