S. No. 2
—12-45
5-17-39
I X47070

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUN 14 1947

Registration District No. 2

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 16356

Primary Registration District No. 5014

Registrar's No. 164

1. PLACE OF DEATH:

(a) County Andrew

(b) City or town Rural-Jefferson Township
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
R.R.#2 St. Joseph, Mo. West Savannah Road.
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution ..... (Specify whether
In this community 15 years.
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Andrew 2

(c) City or town Jefferson Township Rural 0
(If outside city or town limits, write "RURAL")

(d) Street No. R.R. #2 St. Joseph, Mo. West Savannah Road. 0
(If rural, give location)

(e) Citizen of foreign country? No. (Yes or No)

If yes, name country .....

3. (a) PRINT FULL NAME Charles Leo Campbell

3. (b) If veteran, name war World War #1.

3. (c) Social Security No. None.

4. Sex Male 0

5. Color or race White

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Ethel Campbell

6. (c) Age of husband or wife if alive 52 years

7. Birth date of deceased March (Month) 21 (Day) 1890 (Year)

8. AGE:

Years	Months	Days	If less than one day
57	2	13	hr. min.

9. Birthplace Agency (City, town, or county) Missouri (State or foreign country) 0

10. Usual occupation Dairyman - Owner

11. Industry or business Dairy.

FATHER
12. Name Robert L. Campbell
13. Birthplace Agency (City, town, or county) Missouri (State or foreign country) 0

MOTHER
14. Maiden name Mary E. Poteet
15. Birthplace Agency (City, town, or county) Missouri (State or foreign country) 0

16. (a) Informant Mrs. Ethel Campbell

(b) Address R.R.#2. St. Joseph, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof June 6, 1947 (Month) (Day) (Year)

(c) Place: burial or cremation Memorial Park Cemetery.

18. (a) Signature of funeral director Walter Meierhoffer

(b) Address 1946 Colhoun St., St. Joseph, Mo.

19. (a) 6-9-47 (Date received local registrar) (b) Lillian Spurk (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 4th year 1947 hour 8 minute 00 P. M.

21. I hereby certify that I attended the deceased from June 1, 1947, to June 4, 1947 that I last saw him alive on June 4, 1947 and that death occurred on the date and hour stated above.

Immediate cause of death Acute Myocarditis — Duration 4 days

Due to .....

Due to .....

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

Major findings:
Of operations .....
Of autopsy 93A

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? ..... (Specify type of place)

While at work? ..... (e) Means of injury 0

23. Signature Leroi Bock (M. D. or other)

Address King Hill Bldg St Joseph Mo Date signed 4/5/47

(Licensed Embalmer's Statement on Reverse Side)

JUL 10 1947

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 George Wingbermuehle, Registered Apprentice No. 508 Missouri, working under my personal supervision.

Signed Elbert E. Harrington

Licensed Embalmer No. 3258 Missouri

P. O. Address St. Joseph, Missouri.

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.