

S. No. 2  
M-8-43  
5-17-39  
X37823

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 21874  
Registrar's No. 24

FILED JUL 1 1947  
Registration District No. 27

Primary Registration District No. 4412

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

1. PLACE OF DEATH:  
(a) County Pike  
(b) City or town Curryville  
(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 1 month  
(Specify whether  
In this community 1 month  
years, months or days)

3. (a) PRINT FULL NAME GEORGE LEE CAMPBELL  
3. (b) If veteran, name war None  
3. (c) Social Security No. None

4. Sex Male 5. Color or race hite 6. (a) Single, widowed, married, divorced Married  
6. (b) Name of husband or wife Sinai Campbell 6. (c) Age of husband or wife if alive 63 years  
7. Birth date of deceased December 3 1879  
(Month) (Day) (Year)

8. AGE: Years 67 Months 6 Days 12  
If less than one day hr. min.

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

10. Usual occupation Laborer

11. Industry or business Farming

MOTHER FATHER { 12. Name William Campbell  
13. Birthplace Unknown  
(City, town, or county) (State or foreign country)  
14. Maiden name Edna Dorton  
15. Birthplace Unknown  
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. George L. Campbell  
(b) Address Curryville, Mo.

17. (a) Burial (b) Date thereof 6/17/47  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Minor Cemetery Dent County

18. (a) Signature of funeral director W. S. Waters  
(b) Address W. S. Waters, Vandalia, Mo.

19. (a) 6-21-47 (b) Bill Robinson  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:  
(a) State Missouri (b) County Pike  
(c) City or town Curryville  
(If outside city or town limits, write "RURAL")  
(d) Street No. Rural (5 miles South)  
(If rural, give location)  
(e) Citizen of foreign country? No (Yes or No)  
If yes, name country

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month 6 day 15  
year 1947 hour 3 minute 100 M.  
21. I hereby certify that I attended the deceased from 6-14 to 6-15  
19 47 to 19 47  
that I last saw him alive on 6/14 and that death occurred on the date and hour stated above.  
Immediate cause of death Cardiac Decomposition 3 day  
Measles  
Due to \_\_\_\_\_  
Due to \_\_\_\_\_  
Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_  
Major findings: \_\_\_\_\_  
Of operations W/S  
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? 2  
(Specify type of place)  
While at work? \_\_\_\_\_ (e) Means of injury W/S  
23. Signature J. M. Walker (M. D. or other) \_\_\_\_\_  
Address 3000 E. Main St. Mo. Date signed 6-16-47

RECEIVED  
District Health Officer No. 10  
District File Number *6-47-728*  
Date Filed *JUN 25 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 *J. M. B. Waters*

Licensed Embalmer No. *4169*

P. O. Address *Sandwich 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.**