. No. 2
—1/47
5-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 24587

FILED JUL 23 1947

Registration District No. 155 — Primary Registration District No. 5579 — Registrar's No. 113

49
0
0

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

1. PLACE OF DEATH:

(a) County: Jasper

(b) City or town: "RURAL" Mineral
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Route #4 Carthage /
(If not in hospital or institution, write street number or location)

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

2. USUAL RESIDENCE OF DECEASED:

(a) State: Missouri (b) County: Jasper 49

(c) City or town: MINERAL—~~Carthage~~ TWP. "RURAL"
(If outside city or town limits, write "RURAL")

(d) Street No.: Route #4
(If rural, give location)

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

If yes, name country .....

3. (a) PRINT FULL NAME: Alpha CAMPBELL

3. (b) If veteran, name war: No

3. (c) Social Security No.: No

4. Sex: M 0

5. Color or race: W

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

6. (b) Name of husband or wife: Maggie Sunderland Campbell

6. (c) Age of husband or wife if alive: 62 years

7. Birth date of deceased: January (Month) 15 (Day) 1875 (Year)

8. AGE: Years 72 | Months 5 | Days 27 | If less than one day ..... hr. ..... min.

9. Birthplace: Jasper County (City, town, or county) Mo. (State or foreign country) 0

10. Usual occupation: Ret. Farmer

11. Industry or business .....

FATHER
12. Name: Hampton Campbell
13. Birthplace: Unknown (City, town, or county) Ill. / (State or foreign country)

MOTHER
14. Maiden name: Della Gill
15. Birthplace: Unknown (City, town, or county) Ill. / (State or foreign country)

16. (a) Informant: Mrs. Maggie S. Campbell
(b) Address: Route #4 Carthage, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 7 (Month) 14 (Day) 47 (Year)
(c) Place: burial or cremation: Hackney Cemetery

18. (a) Signature of funeral director: Ed. C. Ulmer
(b) Address: Carthage, Mo.

19. (a) JULY 14, 1947 (Date received local registrar) (b) [signature] (Registrar's signature) 127

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 12th. year 1947 hour 11:45 minute A. M.

21. I hereby certify that I attended the deceased from May 10, 1947, to July 11, 1947; that I last saw him alive on 11 July, 1947; and that death occurred on the date and hour stated above.

Immediate cause of death: Coronary Thrombosis

Due to: Acute Nephritis

Due to .....

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

Major findings:
Of operations .....
Of autopsy .....

Duration

PHYSICIAN

Underline the cause of 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) 0

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

23. Signature: Glenn R. Oney (~~M. D. or other~~) D.O.

Address: Alba, Mo. Date signed: 7-13-47

Jefferson City Printing Co. (Licensed Embalmer's Statement on Reverse Side)

47-7-593

APR 9 1959

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 Charles H. Hutchet Jr. Registered Apprentice No. 24, working under my personal supervision.

Signed Gene. C. Pugh.

Licensed Embalmer No. 4231

P. O. Address Carthage, 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.