V. S. No. 2
00M—5-43
Rev. 5-17-39
I X36671

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED SEP 25 1947

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 32181

Registration District No. 299 Primary Registration District No. 6022 Registrar's No. 93

1. PLACE OF DEATH:

(a) County Ray
(b) City or town Rural Richmond
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 3 miles S.E. Knoxville H. #13
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution ..... (Specify whether
In this community 75
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Ray 89
(c) City or town Rural 0
(If outside city or town limits, write "RURAL")
(d) Street No. 3 mile S.E. Knoxville H. #13 0
(If rural, give location) 0
(e) Citizen of foreign country? ..... (Yes or No)
If yes, name country .....

3. (a) PRINT FULL NAME Pryor Clayton Campbell
3. (b) If veteran, name war None
3. (c) Social Security No. None
4. Sex M
5. Color or race W
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Gertie Bush
6. (c) Age of husband or wife if alive Unknown years
7. Birth date of deceased Jan (Month) 30 (Day) 1872 (Year)

8. AGE: Years	Months	Days	If less than one day
25	6	24	..... hr. ..... min.

9. Birthplace Ray Co (City, town, or county) Mo (State or foreign country)
10. Usual occupation Barber
11. Industry or business —
FATHER
12. Name Joseph Campbell
13. Birthplace Mo (City, town, or county) 0 (State or foreign country)
MOTHER
14. Maiden name Julia Vanhebber
15. Birthplace Mo (City, town, or county) 0 (State or foreign country)
16. (a) Informant Mrs Gertie Campbell
(b) Address Richmond Mo RFD #3
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 8/26/47 (Month) (Day) (Year)
(c) Place: burial or cremation Sunny Lake Richmond
18. (a) Signature of funeral director Inez Hale F.H. for Mrs Hale
(b) Address Richmond, Mo.
19. (a) Aug 30 1947 (Date received local registrar) (b) Mabel Jackson (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug day 24
year 1947 hour ..... minute 5:15 P. M.
21. I hereby certify that I attended the deceased from Aug. 17, 1947, to Aug 24, 1947
that I last saw him alive on Aug 24, 1947
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Apoplexy	4 hours
Due to Uremic Poisoning	
Due to Hypertension	2 yrs.
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy 83 P	

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 .....
23. Signature Dr. E. G. Kerans AB DO (M. D. or other)
Address Richmond, Mo Date signed Aug. 25

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 8,
District File Number.....
Date Filed 9-24-47

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.....

....., Registered Apprentice No.....,

working under my personal supervision.

Signed.....

Licensed Embalmer No. 4464

P. O. Address Richmond, 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.