

No. 2  
2-45  
17-39  
X47070

FILED OCT 29 1947

Registration District No. **128**

Primary Registration District No. **5466**

Registrar's No. **881**

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

1. PLACE OF DEATH:

(a) County **Greene**

(b) City or town **Rural Rt. 6 So Campbell Sup.**  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:  
**Corner Chase & Colgate - Rt. #6**  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution.....  
In this community **40 Years** (Specify whether years, months or days)

3. (a) PRINT **William Henry Campbell**  
FULL NAME

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

3. (c) Social Security No. **None**

4. Sex **Male**

5. Color or race **White**

6. (a) Single, widowed, married, divorced **Widower**

6. (b) Name of husband or wife **May Campbell Deceased**

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

7. Birth date of deceased **July 1st 1868**  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<b>82</b>	<b>3</b>	<b>5</b>	hr. min.

9. Birthplace **Greene County Ill.**  
(City, town, or county) (State or foreign country)

10. Usual occupation **Stone Mason**

11. Industry or business

12. Name **Unknown**

13. Birthplace **Unknown**  
(City, town, or county) (State or foreign country)

14. Maiden name **Charlotte Kimble**

15. Birthplace **Greene County Ill.**  
(City, town, or county) (State or foreign country)

16. (a) Informant **Mrs. May Gillmore**

(b) Address **Rt. 6 Springfield, Mo.**

17. (a) **Burial** (b) Date thereof **10-9-1947**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Watts Cemetery, Near Rogersville.**

18. (a) Signature of funeral director **W.L. Dunn**

(b) Address **Springfield, Mo.**

19. (a) **10-8-47** (b) **W.E. Handley MD**  
(Date received local registrar) (Registrar's signature)

(Licensed Embalmer's Statement on Reverse Side)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Greene**

(c) City or town **Springfield So. Campbell Sup.**  
(If outside city or town limits, write "RURAL")

(d) Street No. **Corner Chase & Colgate - Rt. #6**  
(If rural, give location)

(e) Citizen of foreign country? **No** (Yes or No)  
If yes, name country.....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **October** day **6th.**  
year **1947** hour **7** minute **15 P. M.**

21. I hereby certify that I attended the deceased from **10/5**, 19**47**, to **10/6**, 19**47**  
that I last saw him alive on **10/6**, 19**47**  
and that death occurred on the date and hour stated above.

Immediate cause of death **Valvular heart disease**  
**arteriosclerosis**

Due to

Due to

Other conditions (Include pregnancy within 3 months of death)

PHYSICIAN

Major findings:  
Of operations

Of autopsy

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?

While at work? (Specify type of place) (e) Means of injury

23. Signature **W.E. Handley MD**  
Address **Springfield, Mo.** Date signed **10-7-47**

NOV 24 1947

OCT 28 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 R. J. McCann

Licensed Embalmer No. 2727

P. O. Address Springfield, 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.