

S. No. 2
1-12-45
5-17-39
PI X47070

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED NOV 5 1947

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **35295**
Registrar's No. **106**

Registration District No. **278** Primary Registration District No. **3054**

1. PLACE OF DEATH:
(a) County **Pike**
(b) City or town **Louisiana**
(c) Name of hospital or institution:
1201 Georgia St.
(d) Length of stay: In hospital or institution **60 Years**
In this community **60 Years**

2. USUAL RESIDENCE OF DECEASED:
(a) State **Missouri** (b) County **Pike**
(c) City or town **Louisiana**
(d) Street No. **1201 Georgis St.**
(e) Citizen of foreign country? **No**

3. (a) PRINT FULL NAME **LYDA E. CAMPBELL**
3. (b) If veteran, name war 3. (c) Social Security No.

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month **October** day **10**
year **1947** hour **10** minute **00** P. M.
21. I hereby certify that I attended the deceased from **Oct. 5, 1947**
to **Oct. 10, 1947**
and that I last saw her alive on **Oct. 10, 1947**
and that death occurred on the date and hour stated above.

4. Sex **FEMALE** 5. Color of race **WHITE**
6. (a) Single, widowed, married, divorced **WIDOWED**
6. (b) Name of husband or wife **Ben M. Campbell**
6. (c) Age of husband or wife if alive **1854**
7. Birth date of deceased **Nov. 11 1854**

Immediate cause of death **Acute congestive heart disease.** Duration

8. AGE: Years **92** Months **10** Days **29**
If less than one day hr. min.

Due to **Chronic Myocarditis**
Due to **Chronic Arterio Sclerosis**

9. Birthplace **Sheppardstown W. Va.**

Other conditions **Chronic Senile Dementia**
(Include pregnancy within 3 months of death)

10. Usual occupation **Housewife**

Major findings:
Of operations **No operation.**
Of autopsy **No autopsy.**
PHYSICIAN
Underline the cause to which death should be charged statistically.

11. Industry or business **Housekeeping**

12. Name **Martin H. Miller**

13. Birthplace **Unknown W. Va.**

14. Maiden name **Frances Foraman**

15. Birthplace **Jonesburg Mo.**

16. (a) Informant **Miss Margaret Parker**
(b) Address **Louisiana, Missouri**

17. (a) **Burial** (b) Date thereof **10/12/47**
(c) Place: burial or cremation **Buffalo Cem.**

18. (a) Signature of funeral director **Garner & Sterne**
(b) Address **Louisiana, Missouri**

19. (a) **10-12-47** (b) **Bernice Collier**
(Date received local registrar) (Registrar's signature)

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?
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

23. Signature **Robert L. Audrae** (M. D. or other)
Address **Louisiana, Mo.** Date signed

(Licensed Embalmer's Statement on Reverse Side)

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

JUL 19 1950

RECEIVED
District Health Officer No. 10
District File Number 11-47-122
Date filed NOV - 4 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.....

..... Virginia M. Stone, Registered Apprentice No. 491
working under my personal supervision.

Signed

Harold S. Turner

Licensed Embalmer No. 3720

P. O. Address Louisiana 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.