No. 2
—1/47
5-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

38697

State File No.

FILED DEC 1 1947

Registration District No. 155 Primary Registration District No. 3427 Registrar's No. 173

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

1. PLACE OF DEATH:
(a) County Jasper
(b) City or town Webb City
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 401 North Penn.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether
In this community 42 yrs.
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Jasper 49
(c) City or town Webb City 1
(If outside city or town limits, write "RURAL") 6
(d) Street No. 401 North Penn 2
(If rural, give location) 0
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Francis Luther Campbell
3. (b) If veteran, name war
3. (c) Social Security No.

4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Kathrine Campbell
6. (c) Age of husband or wife if alive years
7. Birth date of deceased May (Month) 15 (Day) 1867 (Year)

8. AGE: Years 80 Months 6 Days 1 If less than one day hr. min.

9. Birthplace THOMAS HILL (City, town, or county) MO (State or foreign country) 11
10. Usual occupation Retired
11. Industry or business
FATHER
12. Name Samuel Campbell
13. Birthplace no data (City, town, or county) (State or foreign country) 9
MOTHER
14. Maiden name Martha Ann McCully
15. Birthplace no data (City, town, or county) (State or foreign country) 9
16. (a) Informant Kathrine Campbell (wife)
(b) Address 401 N. Penn. Webb City Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 11/18/47 (Month) (Day) (Year)
(c) Place: burial or cremation Mt. Hope Cemetery
18. (a) Signature of funeral director Hedge-Lewis
(b) Address Webb City Mo.
19. (a) N.V. 13; 1947 (Date received local registrar) (b) [signature] (Registrar's signature) 137

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 16
year 1947 hour 4 minute P. M.

21. I hereby certify that I attended the deceased from Nov. 13, 1947, to Nov. 16, 1947
that I last saw him alive on Nov 16, 1947
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Occlusion
Due to Arteriosclerotic Heart Disease
Due to
Other conditions
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

Duration: Hours

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)
While at work? (e) Means of injury 0

23. Signature James V. Flaherty (M. D. ~~or other~~)
Address Osterville Mo Date signed 11-18-47

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

47-11-883

Flaherty

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 Leonard J. Lewis 2., Registered Apprentice No. 46, working under my personal supervision.

Signed [illegible]

Licensed Embalmer No. 2859

P. O. Address [illegible]

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.