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7-39

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

National Office of Vital Statistics

STANDARD CERTIFICATE OF DEATH

State File No. 41036

FILED JAN 12 1948

Registration District No. 4 Primary Registration District No. 4064 Registrar's No.

1. PLACE OF DEATH:
(a) County: Caldwell
(b) City or town: Kidder
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 3
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether years, months or days)
In this community: 34 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County: Caldwell
(c) City or town: Kidder
(If outside city or town limits, write "RURAL")
(d) Street No. (If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME: Allen Rufus 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: Harriett Campbell
6. (c) Age of husband or wife if alive: 73 years
7. Birth date of deceased: March (Month) 14 (Day) 1876 (Year)

8. AGE: Years 72 Months 8 Days 19 If less than one day hr. min.

9. Birthplace: ~~Denver~~ Agency (City, town, or county) MO (State or foreign country)
10. Usual occupation: Farmer Retired.
11. Industry or business: Farming.
MOTHER FATHER
12. Name: James A. Campbell.
13. Birthplace: Agency (City, town, or county) MO. (State or foreign country)
14. Maiden name: Carrie Hollingsworth.
15. Birthplace: Agency (City, town, or country) MO (State or foreign country)
16. (a) Informant: Mrs. Harriett Campbell
(b) Address: Kidder MO
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 12-6-47. (Month) (Day) (Year)
(c) Place: burial or cremation: Agency MO.
18. (a) Signature of funeral director: B. Moss Crank
(b) Address: Cameron MO
19. (a) 12-12-47 (Date received local registrar) (b) Gladys Jones (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 3 year 1947 hour 10 minute 30 A.M.
21. I hereby certify that I attended the deceased from ....., 19..., to ....., 19...; that I last saw h... alive on ....., 19...; and that death occurred on the date and hour stated above.

Duration

Immediate cause of death: Coronary thrombosis
Due to: dropped dead in front of Wiley Moreland
Due to: grocery store.
Other conditions (Include pregnancy within 3 months of death):
Major findings:
Of operations: 0
Of autopsy:

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: 3
23. Signature: Cramer Clark Coroner
Address: Kingston, MO Date signed 12/3-47

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

HEALTH OFFICE
Cameron, Mo.

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 Leo Thomas Brunk

Licensed Embalmer No. 25-33

P. O. Address Cameron - Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wit the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.