

No. 2  
 17-39  
 137823

FILED DEC 17 1947 293

Primary Registration District No. **4436**

Registrar's No. \_\_\_\_\_

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

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

2. USUAL RESIDENCE OF DECEASED:  
 (a) State **MO** (b) County **Ralls**  
 (c) City or town **New London**  
(If outside city or town limits, write "RURAL")  
 (d) Street No. **6**  
(If rural, give location)  
 (e) Citizen of foreign country? **0**  
(Yes or No)  
 If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME **Eva Campbell**  
 (b) If veteran, name war \_\_\_\_\_  
 (c) Social Security No. \_\_\_\_\_

MEDICAL CERTIFICATION  
 20. DATE OF DEATH: Month **10** day **26**  
 year **47** hour **5** minute **40 a.m.**  
 21. I hereby certify that I attended the deceased from **Nov 40** to **Oct 25**, 19**47**  
 that I last saw alive on **Oct 25**, 19**47**  
 and that death occurred on the date and hour stated above.

4. Sex **Female** 5. Color or race **Negro**  
 6. (a) Single, widowed, married, divorced, **widowed**  
 (b) Name of husband or wife **Silas Campbell**  
 (c) Age of husband or wife if alive **56** years  
 7. Birth date of deceased: **May 5 61**  
(Month) (Day) (Year)

Immediate cause of death **myocardial failure**  
 Duration **2 years**

8. AGE: Years **86** Months **5** Days **17**  
 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

Due to \_\_\_\_\_  
 Due to \_\_\_\_\_  
 Other conditions **93E**  
(Include pregnancy within 3 months of death)  
 Major findings:  
 Of operations \_\_\_\_\_  
 Of autopsy \_\_\_\_\_

9. Birthplace **Narrimbal** **MO**  
(City, town, or county) (State or foreign country)  
 10. Usual occupation **Domestic**

11. Industry or business \_\_\_\_\_  
 12. Name \_\_\_\_\_  
 13. Birthplace \_\_\_\_\_  
(City, town, or county) (State or foreign country)  
 14. Maiden name **Eva** **Kimbo**  
(City, town, or county) (State or foreign country)  
 15. Birthplace **MO**  
(City, town, or county) (State or foreign country)

PHYSICIAN \_\_\_\_\_  
 Underline the cause to which death should be charged statistically.

16. (a) Informant **Fannie Campbell**  
 (b) Address \_\_\_\_\_  
 17. (a) **Burial** (b) Date thereof **10-28-47**  
(Burial, cremation, or removal) (Month) (Day) (Year)  
 (c) Place: burial or cremation **New London**  
 18. (a) Signature of funeral director **Geo E Roberts**  
 (b) Address **Narrimbal MO**  
 19. (a) **12-15-47** (b) **M. R. Hatters**  
(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? \_\_\_\_\_  
(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 **Eugene Heston** (M. D. or other) **MD**  
 Address **New London MO** Date signed **10-28-47**

Handwritten notes and scribbles at the top of the page, including what appears to be a signature and some illegible markings.

RECEIVED  
District Health Officer No.  
District File Number 12-47-17  
Date Filed DEC 16 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 Geo E. Roberts  
Licensed Embalmer No. 2113  
P. O. Address Hannibal 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.

Registration District No. 293

Primary Registration District No. 1736

Registrar's No. \_\_\_\_\_

1. PLACE OF DEATH:

(a) County Rolls

(b) City or town New London  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether \_\_\_\_\_)

In this community \_\_\_\_\_  
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State \_\_\_\_\_ (b) County \_\_\_\_\_

(c) City or town \_\_\_\_\_  
(If outside city or town limits, write "RURAL")

(d) Street No. \_\_\_\_\_  
(If rural, give location)

(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Eve Campbell

3. (b) If veteran, name war \_\_\_\_\_

3. (c) Social Security No. \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month \_\_\_\_\_ Day 26  
year 1947 hour \_\_\_\_\_ minute \_\_\_\_\_ M.

21. I hereby certify that I attended the deceased from \_\_\_\_\_ to \_\_\_\_\_, 19\_\_\_\_  
that I last saw him/her alive on \_\_\_\_\_, 19\_\_\_\_  
and that death occurred on the date and hour stated above.  
Immediate cause of death \_\_\_\_\_

4. Sex F

5. Color or race B

6. (a) Single, widowed, married, divorced Wid

6. (b) Name of husband or wife \_\_\_\_\_

6. (c) Age of husband or wife if alive \_\_\_\_\_

7. Birth date of deceased May 5  
(Month) (Day) (Year)

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

8. AGE: Years 86 Months \_\_\_\_\_ Days \_\_\_\_\_  
If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace \_\_\_\_\_  
(City, town, or county) (State or foreign country)

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

10. Usual occupation \_\_\_\_\_

11. Industry or business \_\_\_\_\_

12. Name Eve Campbell

13. Birthplace Hannibal Mo.  
(City, town, or county) (State or foreign country)

14. Maiden name Eve King

15. Birthplace Hannibal Mo.  
(City, town, or county) (State or foreign country)

Major findings:  
Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

PHYSICIAN \_\_\_\_\_

Underline the cause to which death should be charged statistically.

16. (a) Informant General Sperts

(b) Address New London no 411

17. (a) \_\_\_\_\_ (b) Date thereof \_\_\_\_\_  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation \_\_\_\_\_

18. (a) Signature of funeral director \_\_\_\_\_

(b) Address \_\_\_\_\_

19. (a) \_\_\_\_\_ (b) \_\_\_\_\_  
(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? \_\_\_\_\_  
(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 \_\_\_\_\_ (M. D. or other) \_\_\_\_\_  
Date signed \_\_\_\_\_

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

SUPPLEMENTARY

MOTHER FATHER

42671