S. No. 2
M—5-43
5-17-39
I X36671

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JAN 29 1948

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 44241

Registration District No. 189 Primary Registration District No. 4180 Registrar's No. 2

1. PLACE OF DEATH:

(a) County Dunklin

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

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

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

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Dunklin 35

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

(d) Street No. — 0
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)

If yes, name country —

3. (a) PRINT FULL NAME Dewayne Green

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 Infant

6. (b) Name of husband or wife —

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

7. Birth date of deceased December (Month) 31 (Day) 1947 (Year)

8. AGE:

Years	Months	Days	If less than one day
0	0	0	5 hr. ..... min.

9. Birthplace Campbell (City, town, or county) Missouri (State or foreign country)

10. Usual occupation Child

11. Industry or business 9

FATHER
12. Name unknown
13. Birthplace ..... (City, town, or county) ..... (State or foreign country)

MOTHER
14. Maiden name Nellie Green
15. Birthplace Unknown (City, town, or county) Indiana (State or foreign country)

16. (a) Informant Nellie Green
(b) Address Campbell, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 1-1-48 (Month) (Day) (Year)
(c) Place: burial or cremation Gravel Hill, Mo

18. (a) Signature of funeral director Landis F. Home
(b) Address Campbell Mo

19. (a) 1/12/47 (Date received local registrar) (b) Mrs Beulah Campbell (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 31st year 1947 hour ..... minute 8:00 p.M.

21. I hereby certify that I attended the deceased from ....., 19.., to Dec. 31, 1947; that I last saw him alive on Dec 31, 1947; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Premature	
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

PHYSICIAN

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? ..... (Specify type of place)

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

23. Signature Dr. B. L. Franklin (Mail or other)

Address Campbell, Mo. Date signed Jan. 5, 1948

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Office No. 2,
District File Number 148-129
Date Filed 1-26-48

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.

Not Embalmed

Signed.....

Licensed Embalmer No.....

P. O. Address.....

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.