

Registration District No. 201 Primary Registration District No. 4315

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

1. PLACE OF DEATH:

(a) County Macon

(b) City or town La Plata  
(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 none  
(Specify whether years, months or days)

In this community Fifty years  
(Specify whether years, months or days)

3. (a) PRINT FULL NAME Robert D. Campbell

3. (b) If veteran, name war NO

3. (c) Social Security No. None

4. Sex Male 5. Color or race White

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

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

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

7. Birth date of deceased July - 22 - 1858  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>89</u>	<u>5</u>	<u>9</u>	hr. min.

9. Birthplace McComb, Miss  
(City, town, or county) (State or foreign country)

10. Usual occupation Retired Farmer

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

12. Name John S. Campbell

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

14. Maiden name Nancy Briggs

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

16. (a) Informant Birdie Campbell

(b) Address La Plata Mo

17. (a) Burial (b) Date thereof Jan 3 1948  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation La Plata Mo

18. (a) Signature of funeral director H. M. Gooding

(b) Address Atlanta Mo

19. (a) 1-8-48 (b) Mrs. O. B. Griffin  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Macon

(c) City or town La Plata, Mo  
(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 \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 31st year 1947 hour 4 minute 15.0 M.

21. I hereby certify that I attended the deceased from Dec 31, 1947 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.

Immediate cause of death \_\_\_\_\_

Uremia - Chronic Nephritis, General Arteriosclerosis

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

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

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

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

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

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)

(c) Means of injury \_\_\_\_\_

23. Signature W. H. Forester (M. D. or other) \_\_\_\_\_

Address La Plata Mo Date signed 1-1-48

Duration \_\_\_\_\_

PHYSICIAN \_\_\_\_\_

Underline the cause to which death should be charged statistically!

RECEIVED  
District Health Officer No. 10  
District File Number 1-42-118  
Date Filed JAN 20 1948

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 H. M. Gooding  
Licensed Embalmer No. 1750  
P. O. Address Atlanta, 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.