No. 2
-1/47
-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED JAN 29 1948

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

43

State File No. .....

Registration District No. 1 ..... Primary Registration District No. 8002 ..... Registrar's No. 11 .....

1. PLACE OF DEATH:
(a) County: Audrain
(b) City or town: Mexico
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Audrain Hospital
(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: 2 months

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County: Audrain 4
(c) City or town: Mexico 1
(If outside city or town limits, write "RURAL")
(d) Street No.: 518 So. Davis St. 2
(If rural, give location) 5
(e) Citizen of foreign country? No (Yes or No)
If yes, name country .....

3. (a) PRINT FULL NAME: MARION CAMPBELL
3. (b) If veteran, name war: —
3. (c) Social Security No.: —

4. Sex: Female 3
5. Color or race: Negro
6. (a) Single, widowed, married, divorced: widowed
6. (b) Name of husband or wife: Glenn Campbell
6. (c) Age of husband or wife if alive ..... years
7. Birth date of deceased: 8 (Month) – 12 (Day) – 1919 (Year)

8. AGE: Years 28 | Months 5 | Days 7 | If less than one day ..... hr. ..... min.

9. Birthplace: Mexico (City, town, or county) Mo. (State or foreign country)
10. Usual occupation: at home
11. Industry or business .....
FATHER
12. Name: Edward Williams
13. Birthplace: Mexico (City, town, or county) Mo (State or foreign country)
MOTHER
14. Maiden name: Maud Moore
15. Birthplace: Mexico (City, town, or county) Mo (State or foreign country)
16. (a) Informant: Betty Williams
(b) Address: Columbia Mo.
17. (a) Buried (Burial, cremation, or removal) (b) Date thereof 1-22-48 (Month) (Day) (Year)
(c) Place: burial or cremation: Mexico Mo
18. (a) Signature of funeral director: Stuart P. Banks
(b) Address: Columbia Missouri
19. (a) 1/22/48 (Date received local registrar) (b) Blanche Neely (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 1 day 19 year 48 hour 10 minute 30 A.M.
21. I hereby certify that I attended the deceased from 1-12, 1948 to 1-19, 1948 that I last saw h. alive on 1-19, 1948 and that death occurred on the date and hour stated above.

Immediate cause of death: Meningitis	Duration
Due to: ?	
Due to:	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations: 8/17	
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 .....
23. Signature: N. J. Fetter (M. D. or other)
Address: Mexico Mo Date signed 1-22-48

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

RECEIVED
District Health Officer No. 10
District File Number 48-130
Date Filed JAN 27 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 Stuart R. Parker

Licensed Embalmer No. 2900

P. O. Address Columbia, 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.