

No. 2
5-43
5-17-39
38571

FILED JAN 29 1948
Registration District No. 10

Primary Registration District No. 4180

1. PLACE OF DEATH:

(a) County Bunklin
(b) City or town Campbell
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution Name of Daughter
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1 week
(Specify whether years, months or days)

3. (a) PRINT FULL NAME Bettie Hood

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex Female 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: November 13 1874
(Month) (Day) (Year)

8. AGE: Years 74 Months 2 Days 8
If less than one day hr. _____ min. _____

9. Birthplace: unknown Alabama
(City, town, or county) (State or foreign country)

10. Usual occupation Housework

11. Industry or business _____

MOTHER FATHER

12. Name Elige Swindle
13. Birthplace unknown Alabama
(City, town, or county) (State or foreign country)
14. Maiden name Rena Davidson
15. Birthplace unknown Alabama
(City, town, or county) (State or foreign country)

16. (a) Informant Ophe Hood Welman
(b) Address Tupelo, Miss

17. (a) Buried (b) Date thereof: 1-23-48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mt Pleasant Miss

18. (a) Signature of funeral director Lander's Funeral Home
(b) Address Campbell Mo

19. (a) 1-23-1948 (b) Mrs. Beulah Campbell
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mississippi (b) County Lee 999
(c) City or town Tupelo Rural 22
(If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location) 0
(e) Citizen of foreign country? no (Yes or No) 2
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 21st
year 1948 hour _____ minute 8:00p M.

21. I hereby certify that I attended the deceased from Jan. 16th 1948 to Jan. 20th 1948
that I last saw her alive on Jan 20th 1948
and that death occurred on the date and hour stated above.

Immediate cause of death: uremia - anuria Duration 60 hrs.

Due to: Chronic Parenchymatous nephritis ?

Due to: Chronic myocarditis

Other conditions: Kerosene burn of left leg - non-healing
(Include pregnancy within 3 months of death)

Major findings: 1/31/48
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 35

(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 Wallace Selsby (M. D. or other) MD
Address Campbell Mo Date signed 1/22/48

PHYSICIAN

ADDITIONAL INFORMATION
Underline the parts which should be changed statistically.
REQUESTED

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

RECEIVED

District Health Office No. 2,

District File Number 148-157

Date Filed 1-22-48

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.

Signed.....

Christina M. Landers

Licensed Embalmer No. 4227

P. O. Address. Campbell, 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.

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUSTHE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. FebRegistration District No. 109Primary Registration District No. 4180Registrar's No. 4

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:

(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)3. (a) PRINT FULL NAME Bettie Hood

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

4. Sex F 5. Color or race W 6. (a) Single, widowed, married, divorced wid

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased Nov. 13 (Month) (Day) (Year)8. AGE: Years 74 Months _____ Days _____ If less than one day _____ hr. _____ min.9. Birthplace _____ (City, town, or county) Alaska (State or foreign country)

10. Usual occupation _____

11. Industry or business _____

12. Name _____

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

14. Maiden name _____

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

16. (a) Informant _____

(b) Address _____

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

(c) Place: burial or cremation _____

18. (a) Signature of funeral director _____

(b) Address _____

19. (a) _____ (Date received local registrar) (b) _____ (Registrar's signature)

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 _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month _____ year 1942 hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from _____, 19____; to _____, 19____;

that I last saw him _____ alive on _____, 19____;

and that death occurred on the date and hour stated above.

Immediate cause of death _____

Due to _____

Due to _____

Other conditions _____ (Include pregnancy within 3 months of death)

Major findings: The condition noted below was a chemical burn from self-treated abrasion of the ankle. PHYSICIAN _____Of operations _____ Underline the cause to which death should be charged statistically.
Of autopsy Had no part in producing death.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) Accident(b) Date of occurrence unknown(c) Where did injury occur? Somewhere in Mississippi or Ala. (City or town) (County) (State)(d) Did injury occur in or about home, on farm, in industrial place, in public place? HomeWhile at work? no (Specify type of place) (e) Means of injury Keurose.23. Signature Wallace Selouy (M. D. or other) MDAddress Campbell, Mo. Date signed 2/25/42

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

SUPPLEMENTARY

S-700