

National Office of Vital Statistics

FILED APR 3 1948

Registration District No. **3493**

Primary Registration District No. **5655**

1. PLACE OF DEATH:

(a) County: **Lawrence**
(b) City or town: **Mt. Vernon**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: **Missouri State Sanatorium**
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution: **1148 days**
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State: **Missouri** (b) County: **Pettis**
(c) City or town: **Sedalia**
(If outside city or town limits, write "RURAL")
(d) Street No.: **424 East Howard**
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country: _____

3. (a) PRINT FULL NAME: **William Aubrey Campbell**

3. (b) If veteran, name war: **No** 3. (c) Social Security No.: **491-07-7077**

4. Sex: **Male** 5. Color or race: **White** 6. (a) Single, widowed, married, divorced: **Single**
6. (b) Name of husband or wife: _____ 6. (c) Age of husband or wife if alive: _____ years
7. Birth date of deceased: **Nov 9 1901**
(Month) (Day) (Year)

8. AGE: Years: **46** Months: **4** Days: **4** If less than one day: _____ hr. _____ min.

9. Birthplace: **Beaman Missouri**
(City, town, or county) (State or foreign country)

10. Usual occupation: **Truck Driver**

11. Industry or business: _____

12. Name: **Charles Albert Campbell**
13. Birthplace: **Benton County Missouri**
(City, town, or county) (State or foreign country)
14. Maiden name: **Rosie Stone**
15. Birthplace: **Benton County, Missouri**
(City, town, or county) (State or foreign country)

16. (a) Informant: **E. McMichael, Record Clerk**
(b) Address: **Mo. State San. Mt. Vernon, Mo.**

17. (a) Removal: **Removal** (b) Date thereof: **3-14-48**
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation: **Sedalia Mo**

18. (a) Signature of funeral director: **Geo. B. Orr**
(b) Address: **215 Remond Mo**

19. (a) **3/16/48** (b) **W. P. Philbrick**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month: **March** day: **13th**
year: **1948** hour: **5:12** minute: **P** M.

21. I hereby certify that I attended the deceased from **Jan. 20**, 19 **45** to **March 13**, 19 **48**
that I last saw him alive on **March 13**, 19 **48**
and that death occurred on the date and hour stated above.

Immediate cause of death: **Far Advanced Pulmonary Tuberculosis**
Duration: **Questionable**
Due to: **Probably about 5 yrs.**

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

Major findings: **13 B**
Of operations: _____
Of autopsy: _____

PHYSICIAN

Underline the cause of death which 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? _____ (c) Means of injury: **med.**
23. Signature: **W. F. Luskawa** (M. D. or other) **md.**
Address: **Mount Vernon, Mo** Date signed: **3-13-48**

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

MOTHER FATHER

RECEIVED

District Health Officer No. 6,

District File Number 348-325

Date Filed MAR 31 1948

APR 6 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.....

Leo B Orr

Licensed Embalmer No. 946

P. O. Address 7th Vermont St

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.