. S. No. 2
M—1/47
. 5-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED MAR 24 1948

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 9591

Registration District No. 254 — Primary Registration District No. 5860 — Registrar's No.

75
0
0

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

1. PLACE OF DEATH:
(a) County Oregon
(b) City or town Thayer (Rural) (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 2 weeks years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Oregon 75
(c) City or town Myrtle (If outside city or town limits, write "RURAL") 0
(d) Street No. (If rural, give location) 0
(e) Citizen of foreign country? (Yes or No) 0
If yes, name country

3. (a) PRINT FULL NAME Charles L. Campbell
3. (b) If veteran, name war --
3. (c) Social Security No. --
4. Sex Male 0
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Mary C. Campbell
6. (c) Age of husband or wife if alive 77 years
7. Birth date of deceased January (Month) 24 (Day) 1868 (Year)

8. AGE: Years 79 Months 11 Days 19 If less than one day hr. min.

9. Birthplace Myrtle (City, town, or county) Missouri (State or foreign country) 0
10. Usual occupation Farmer
11. Industry or business
FATHER
12. Name Willis M. Campbell
13. Birthplace Unknown (City, town, or county) (State or foreign country) 9
MOTHER
14. Maiden name Frances P. Simmons
15. Birthplace Unknown (City, town, or county) (State or foreign country) 9
16. (a) Informant Dora F. Hall
(b) Address Thayer, Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 1/15/48 (Month) (Day) (Year)
(c) Place: burial or cremation Myrtle, Mo.
18. (a) Signature of funeral director Leland Carter
(b) Address Thayer, Mo.
19. (a) 3-5-48 (Date received local registrar) (b) Edith Crass (Registrar's signature) 2/28

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan. day 13 year 1948 hour 4 minute 45 P. M.

21. I hereby certify that I attended the deceased from Jan. 1948 to Jan 13 1948; that I last saw him alive on Jan 12 1948; and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Nephritis Hypertension Heart Disease
Due to Arteriosclerosis
Due to Senility
Other conditions (Include pregnancy within 3 months of death)
Major findings: Of operations
Of autopsy

Duration

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 0

23. Signature C W Cooper (M. D. or other) MP
Address Thayer Mo Cooper Date signed 3-5-48

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

RECEIVED
District Health Officer No. 5,
District File Number 348195
Date Filed 3.20/48

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.....

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.