

No. 2
-5-43
5-17-39
I X36671

FILED MAY 13 1948

Registration District No. 10

Primary Registration District No. 5037

1. PLACE OF DEATH:

(a) County Audrain

(b) City or town Mexico, Rural Salt River
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
R. R. 2
(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 Farley Campbell

3. (b) If veteran, name war None

3. (c) Social Security No. None

4. Sex M 5. Color or race W

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 May 9, 1858
(Month) (Day) (Year)

8. AGE: Years 89 Months 11 Days 28
If less than one day hr. _____ min. _____

9. Birthplace Gillaspie, Ill
(City, town, or county) (State or foreign country)

10. Usual occupation Retired Farmer

11. Industry or business _____

12. Name Farley Campbell

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

14. Maiden name Sarah J. Thompson

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

16. (a) Informant Bessie Campbell

(b) Address Mexico, Missouri

17. (a) Burial (b) Date thereof May 6, 1948
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Elmwood

18. (a) Signature of funeral director Chas Arnold Jr.

(b) Address Mexico, Missouri

19. (a) 5/6/48 (b) Blanche Keely
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Audrain

(c) City or town Mexico, Rural
(If outside city or town limits, write "RURAL")

(d) Street No. H.R. 2
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)

If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 5
year 1948 hour 3 minute 15 A-M.

21. I hereby certify that I attended the deceased from Dec. 1
1946 to May 5, 1948;
that I last saw him alive on May 4, 1948;
and that death occurred on the date and hour stated above.

Immediate cause of death Cardiac failure Duration 10 mins

Due to Coronary embolism

Due to Coronary heart disease 2 years

Other conditions Hypertensive heart disease
(Include pregnancy within 3 months of death)

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

Major findings:
Of operations _____

Of autopsy M3P

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)

(e) Means of injury 2

23. Signature H. G. Swan (M. D. or other) M.D.
Address 1005 W. Olive, Mexico, Mo Date signed 5-6-48

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

MOTHER FATHER

RECEIVED
District Health Officer No. 10
District File Number 5-48-866
Date Filed MAY 12 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..... Everett R. Neal

Licensed Embalmer No. 4038

P. O. Address. Merico, 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.