S. No. 2
—1/47
5-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED APR 28 1948
Registration District No. 7601

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 5393

State File No. 12021

Registrar's No. 11

1. PLACE OF DEATH:
(a) County Douglas
(b) City or town Ava Rural Benton
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 1
(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)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Douglas 34
(c) City or town Ava Rural 0
(If outside city or town limits, write "RURAL") 0
(d) Street No. (If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country U

3. (a) PRINT FULL NAME Maggie Campbell
3. (b) If veteran, name war No
3. (c) Social Security No. None

4. Sex Female
5. Color or race White
6. (a) Single, widowed, married, divorced Widowed 2
6. (b) Name of husband or wife Guss Campbell
6. (c) Age of husband or wife if alive years
7. Birth date of deceased July (Month) 14, (Day) 1870 (Year)

8. AGE: Years 77 Months 7 Days 14 If less than one day hr. min.

9. Birthplace --- Tenn. 1
(City, town, or county) (State or foreign country)
10. Usual occupation Housewife
11. Industry or business

MOTHER / FATHER
12. Name Jim Newman
13. Birthplace --- Tenn. 1
(City, town, or county) (State or foreign country)
14. Maiden name Jocie Howland
15. Birthplace ---- Tenn. 1
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs L. F. Hardgrave
(b) Address Westplains, Missouri
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 5-1-48 (Month) (Day) (Year)
(c) Place: burial or cremation Bexar, Arkansas
18. (a) Signature of funeral director Clinkingbeard Funeral
(b) Address Ava Missouri
19. (a) March 31-48 (Date received local registrar) (b) Vestal Buchanan (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 28
year 1948 hour 8 minute P. M. M.
21. I hereby certify that I attended the deceased from Feb 22- 48, 19.., to Feb 28, 19.48,
that I last saw h.. alive on 2-28-, 19.48
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Acute Coronary Occlusion	2 Min
Due to: Chronic Myocarditis	12 yrs
Due to:	
Other conditions (Include pregnancy within 3 months of death): Chronic Bronchiectasis	20 yrs

Major findings:
Of operations: 0
Of autopsy: 0

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? Home (Specify type of place)
While at work? (e) Means of injury 0

23. Signature M. C. Gentry (M. D. or Coroner)
Address Ava Mo Date signed 3-4-48

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

RECEIVED
District Health Officer, No. 6,
District File Number 448-522
Date Filed APR 26 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 W B Hutchinson

Licensed Embalmer No. 3431

P. O. Address Ava 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.