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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED APR 26 1948

Registration District No. 132

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 12289

Primary Registration District No. ~~42-23~~ 5475

Registrar's No.

1. PLACE OF DEATH:

(a) County Grundy

(b) City or town Galt - Rural marion
(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 years, months or days)

In this community Life time

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Grundy 40

(c) City or town Galt Rural 0
(If outside city or town limits, write "RURAL")

(d) Street No. Marion Twp. 0
(If rural, give location) 0

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

If yes, name country No.

3. (a) PRINT FULL NAME Jarold Dean Campbell

3. (b) If veteran, name war ✓

3. (c) Social Security No. ✓

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 May (Month) 14 (Day) 1933 (Year)

8. AGE: Years 14 Months 9 Days 26 If less than one day hr. min.

9. Birthplace Near Galt, Grundy (City, town, or county) mo (State or foreign country) ✓

10. Usual occupation In School

11. Industry or business

MOTHER FATHER

12. Name Harry Campbell 5

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

14. Maiden name Dixie Thomas

15. Birthplace Laredo (City, town, or county) mo (State or foreign country) ✓

16. (a) Informant Mrs. Keith Sutor

(b) Address 727 South Mulberry, Ottawa Kans

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 3 19 1948 (Month) (Day) (Year)

(c) Place: burial or cremation Laredo Cemetery

18. (a) Signature of funeral director E. J. Robertson Funeral Home

(b) Address Laredo Mo.

19. (a) 3-13-1948 (Date received local registrar) (b) Irene Fair (Registrar's signature) 115

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 10 year 1948 hour 8 O'Clock minute M.

21. I hereby certify that I attended the deceased from 2-10, 1948 to 3-10, 1948 that I last saw him alive on 3 10 1948 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Don't know	
Due to Undulant fever	
Due to Milk Infection	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations 5
Of autopsy

PHYSICIAN

Underline the cause to 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 ✓

23. Signature C. S. Thomas (M. D. or other)

Address Laredo Mo Date signed 3/13/48

(Licensed Embalmer's Statement on Reverse Side)

DISTRICT HEALTH OFFICE
Cameron, Mo.

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 John M Robertson

Licensed Embalmer No. 4388

P. O. Address Laredo 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.