

MISSOURI DIVISION OF HEALTH  
STANDARD CERTIFICATE OF DEATH

13088

State File No. ....

FILED MAY 5 1948

Registration District No. 56

Primary Registration District No. 2001

Registrar's No. ....

49  
2  
5

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

1. PLACE OF DEATH:

(a) County Jasper

(b) City or town Joplin  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution St. John  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 15 days  
(Specify whether year, months or days)

In this community 45 years

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jasper

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

(d) Street No. 1704 1/2 Main  
(If rural, give location)

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

If yes, name country .....

3. (a) PRINT FULL NAME John C. 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 divorced

6. (b) Name of husband or wife .....

6. (c) Age of husband or wife if alive .....

7. Birth date of deceased May 28 1874  
(Month) (Day) (Year)

8. AGE: 73 Years 9 Months 20 Days

If less than one day: .....

9. Birthplace Beaver Co., Penn.  
(City, town, or county) (State or foreign country)

10. Usual occupation Insurance Saleman

11. Industry or business Penn. In. Co

12. Name unknown

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

14. Maiden name unknown

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

16. (a) Informant Harry Sullivan  
(b) Address 1636 W 4th

17. (a) Burial (b) Date thereof 3-23-48  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mt. Hope

18. (a) Signature of funeral director Parker-Hunsaker  
(b) Address 1502 Joplin St. Joplin Mo.

19. (a) 3-27-48 (b) John C. Campbell  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 20  
year 1948 hour 2 minute 45 P: M

21. I hereby certify that I attended the deceased from Mar 15  
48 19..... to Mar 21 19.....  
that I last saw him alive on 2/25/48 19.....  
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Vase Disease with hypertension

Due to cerebral apoplexy

Due to .....

Other conditions... (Include pregnancy within 3 months of death)

Major findings: Of operations .....

Of autopsy .....

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? .....

(d) Did injury occur in or about home, on farm, in industrial place, in public place? .....

While at work? .....

(e) Means of injury C

Signature P. L. Crawford (M. D. or other) .....

Address Joplin Mo Date signed 3/22/48

Duration

PHYSICIAN

Underline the cause of which death should be charged statistically.

48-4-326

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 F. M. Jones

Licensed Embalmer No. 2319

P. O. Address Josephine Ave

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.