S. No. 2
—1/47
5-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED MAY 18 1948

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 15528

Registration District No. 42 Primary Registration District No. 5133 Registrar's No. 536

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

1. PLACE OF DEATH:
(a) County Buchanan
(b) City or town St. Joseph (rural)
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: U.S. Highway # 36, Marion Twsp. 3
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether
In this community 15 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Buchanan
(c) City or town St. Joseph
(If outside city or town limits, write "RURAL")
(d) Street No. 6217 Washington St.
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

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3. (a) PRINT FULL NAME GLENN NELSON CAMPBELL
3. (b) If veteran, name war None
3. (c) Social Security No. 498-24-6025
4. Sex Male 0
5. Color or race White
6. (a) Single, widowed, married, divorced Single 0
6. (b) Name of husband or wife None
6. (c) Age of husband or wife if alive years
7. Birth date of deceased February (Month) 21, (Day) 1929 (Year)

8. AGE: ✓ Years 19 Months 2 Days 17 If less than one day hr. min.

9. Birthplace Versailles, (City, town, or county) Missouri (State or foreign country) 0
10. Usual occupation Laborer
11. Industry or business S.W. Bell Telephone, Co.
FATHER
12. Name Elvist P. Campbell
13. Birthplace Versailles, (City, town, or county) Missouri (State or foreign country) 0
MOTHER
14. Maiden name Dorothy Silvey
15. Birthplace Versailles, (City, town, or county) Missouri (State or foreign country) 0
16. (a) Informant Mrs. Dorothy Campbell
(b) Address 6217 Washington St., City
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 5/10/48 (Month) (Day) (Year)
(c) Place: burial or cremation I.O.O.F. Cemetery
18. (a) Signature of funeral director John E. Rupp
(b) Address 5054 Bryor Ave., City
19. (a) May 13, 1948 (Date received local registrar) (b) E. C. Jenkins (Registrar's signature) 382

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 8 year 1948 hour 2 minute :30 A.M.
21. I hereby certify that I attended the deceased from Viewed May 8th 1948, to ..., 19...; that I last saw h... alive on ..., 19...; and that death occurred on the date and hour stated above.

Immediate cause of death Injuries received when the Motorcycle he was riding struck a Telephone Post

Due to

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings:
Of operations 170 C 8
Of autopsy 27

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) Accident 11
(b) Date of occurrence May 8th 1948
(c) Where did injury occur? Rural Buchanan County, Mo. (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? Public Place (Specify type of place)
While at work? no (e) Means of injury Motorcycle
23. Signature B. W. Tadlock Coroner 3
Address King Hill Bldg St. Joseph, Mo. Date signed 5/11/48

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

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 Grandal R Stade, Registered Apprentice No. 213, working under my personal supervision.

Signed John E Rupp

Licensed Embalmer No. 3986

P. O. Address St. Joseph, 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.