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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 29209

FILED OCT 7 1948

Registration District No. 3 Primary Registration District No. 3014 Registrar's No. 82

1. PLACE OF DEATH:

(a) County Clay

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

(c) Name of hospital or institution 108 Dorsey St.
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether
In this community 61 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Clay 24

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

(d) Street No. 108 Dorsey St.
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)
If yes, name country No

3. (a) PRINT FULL NAME Lura May Frame 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

6. (b) Name of husband or wife Dowen Breckenridge Campbell

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

7. Birth date of deceased March (Month) 26 (Day) 1869 (Year)

8. AGE:

Years	Months	Days	If less than one day
79	5	26	hr. min.

9. Birthplace Douglas County (City, town, or county) Illinois (State or foreign country)

10. Usual occupation At home

11. Industry or business

FATHER
12. Name John H. Frame
13. Birthplace Unknown (City, town, or county) Virginia (State or foreign country)

MOTHER
14. Maiden name Elizabeth Doeing
15. Birthplace Unknown (City, town, or county) Virginia (State or foreign country)

16. (a) Informant Miss Laura Campbell
(b) Address 108 Dorsey St., Liberty, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 9/24/1948 (Month) (Day) (Year)
(c) Place: burial or cremation Liberty, Mo.

18. (a) Signature of funeral director O. Harder Jr.
(b) Address 119 E. Franklin Liberty, Mo.

19. (a) 9-23-1948 (Date received local registrar) (b) Minnie Haynes (Registrar's signature) 1-4

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 22
year 1948 hour 5 minute 10 P.M.

21. I hereby certify that I attended the deceased from 8-30-48, 19..., to 9-20, 1948
that I last saw her alive on 9-20, 1948
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death SENILITY	
Due to SENILE DEMENTIA	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

162B

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

23. Signature James H. Hillaughlin (M. D. or other)
Address LIBERTY, MO. Date signed 9-23-48

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

RECEIVED
District Health Officer No. 8,
District File Number
Date Filed 10-6-48

JAN 21 1950

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 O. J. Carder Jr.

Licensed Embalmer No. 3934

P. O. Address Liberty, 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.