

Registration District No. 28

Primary Registration District No. 2000

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

1. PLACE OF DEATH:

(a) County Green

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

(c) Name of hospital or institution Springfield Baptist  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution Three weeks  
(Specify whether years, months or days)

In this community 3 weeks

3. (a) PRINT FULL NAME Albert Elmer Campbell

3. (b) If veteran name war no

3. (c) Social Security No.

4. Sex male

5. Color or race W

6. (a) Single, widowed, married divorced

6. (b) Name of husband or wife Laura Agnes Campbell

6. (c) Age of husband or wife if alive 28 years

7. Birth date of deceased act. 28 1877  
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>70</u>	<u>10</u>	<u>13</u>	hr. min.

9. Birthplace Union Star MO  
(City, town, or county) (State or foreign country)

10. Usual occupation Retired oil man

11. Industry or business

12. Name William Campbell

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

14. Maiden name Ester Evelyn Campbell

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

16. (a) Informant Mrs. Master Hamilton

(b) Address Branson MO

17. (a) Burial (Burial, or removal)

(b) Date thereof 9-12-48  
(Month) (Day) (Year)

(c) Place: burial or cremation Branson MO

18. (a) Signature of funeral director R.O. Wheelchel

(b) Address Branson MO

19. (a) 9-15-48 (Date received local registrar)

(b) M. Handley MD (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County Janey

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

(d) Street No. P.O.  
(If rural, give location)

(e) Citizen of foreign country? U.S.A. (Yes or No)

If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 11  
year 1948 hour 12 minute 40 A.M.

21. I hereby certify that I attended the deceased from Sept 10 to Sept 11, 1948, that I last saw him alive on Sept 10, 1948, and that death occurred on the date and hour stated above.

Immediate cause of death uremia

Due to Carcinoma of prostate

Other conditions (include pregnancy within 3 months of death)

Major findings: Of operations 5/B

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? (City or town) (County) (State)

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

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

23. Signature Ray D. Callaway MD

Address Springfield Date signed 9/14/48

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**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 Minnie L. Welchel

Licensed Embalmer No. 2277

P. O. Address Brunson Md

**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.**