S. No. 2
—11-10-39
5-17-39
I X21492

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED SEP 21 1948

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

30472

State File No.

Registration District No. 236 Primary Registration District No. 5818 Registrar's No. 39

1. PLACE OF DEATH:

(a) County Morgan Co.
(b) City or town "Rural" Moreau
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
4 mi N. E. of Barnett Mo.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether
In this community Life
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Morgan 71
(c) City or town Rural 0
(If outside city or town limits write "RURAL")
(d) Street No. 4 mi N. E of Barnett Mo. 0
(If rural, give location)
(e) If foreign born, how long in U. S. A.? — years.

8. (a) PRINT FULL NAME Lina J. Campbell

8. (b) If veteran, name war No
3. (c) Social Security No. No

4. Sex F. 1
5. Color or race W.
6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Robert W. Campbell
6. (c) Age of husband or wife if alive 72 years

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

8. AGE: Years	Months	Days	If less than one day
71	1	18	— hr. — min.

9. Birthplace Cole Co (City, town, or county) Mo (State or foreign country)
10. Usual occupation Housewife
11. Industry or business —

FATHER
12. Name Thomas Ambrose
13. Birthplace Unknown (City, town, or county) Mo (State or foreign country)

MOTHER
14. Maiden name Emma Thomas
15. Birthplace Unknown (City, town, or county) Y (State or foreign country)

16. (a) Informant Robert W. Campbell
(b) Address Eldon Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Sept (Month) 19 (Day) 48 (Year)
(c) Place: burial or cremation Hickory Hill
18. (a) Signature of funeral director Keith M. Kays
(b) Address Eldon Mo
19. (a) 9-18-48 (Date received local registrar) (b) J. L. Washburn (Registrar's signature)
per Vera O. Rodwell Dep.
44

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 16
year 1948 hour 3 minute 10 P.M.

21. I hereby certify that I attended the deceased from 9/15 1948, to 9/16 1948
that I last saw her alive on 9/15 1948
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Carcinoma of the lungs with metastasis	2-5 yrs.
Due to Carcinoma of left breast	15 yrs.
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations 50
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 Robt. E. Murrell, Do (M. D. or other)
Address Eldon, Mo. Date signed 9/17/48

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 7,
District File Number 8-48-1101
Date Filed 9-20-48

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 Keith M. Kays

Licensed Embalmer No. 3998

P. O. Address Eldon 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, above space should be left blank.