No. 2
—1/47
5-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED OCT 18 1948
Registration District No. 88

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 32432
Primary Registration District No. 5326
Registrar's No. 20

1. PLACE OF DEATH:
(a) County CRAWFORD
(b) City or town RURAL - MERAMEC
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: /
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution /
(Specify whether
In this community
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State MISSOURI (b) County CRAWFORD 28
(c) City or town RURAL - 8
(If outside city or town limits, write "RURAL")
(d) Street No. 3 MILES N. OF STEELVILLE
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME HENRY LESTER 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 — U
6. (b) Name of husband or wife —
6. (c) Age of husband or wife if alive — years
7. Birth date of deceased SEPT. - 8 - 1948
(Month) (Day) (Year)

8. AGE: Years — Months — Days 15 If less than one day hr. min.

9. Birthplace CRAWFORD Co., MISSOURI
(City, town, or county) (State or foreign country)
10. Usual occupation —
11. Industry or business —
FATHER
12. Name HARVILLE L. CAMPBELL
13. Birthplace NASHVILLE, TENN. 1
(City, town, or county) (State or foreign country)
MOTHER
14. Maiden name LEONA KENENEKE
15. Birthplace BRESE, ILLINOIS 1
(City, town, or county) (State or foreign country)
16. (a) Informant HARVILLE CAMPBELL
(b) Address STEELVILLE, MO.
17. (a) BURIAL (b) Date thereof 9-25-48
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation CUBA, MISSOURI.
18. (a) Signature of funeral director THOMAS S. HALBERT
(b) Address STEELVILLE, MO.
19. (a) 10-10-48 (b) [signature] 76
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 23
year 1948 hour 10:30 minute P M.
21. I hereby certify that I attended the deceased from Sept. 23, 1948, to Sept 23, 1948
that I last saw him alive on Sept 23, 1948
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Bronchial Pneumonia	3 days.
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations
Of autopsy
107

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? Means of injury 2
23. Signature [signature] M.D. or other)
Address Steelville Mo Date signed 10/4/48

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

RECEIVED 10-11-48
District Health Officer No. 5,
District File Number 1048634
Date Filed 10-14-48

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 Thomas S. Halbert

Licensed Embalmer No. 4332

P. O. Address Steelville, 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.