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FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED OCT 18 1948

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

32551
State File No. _____
Registrar's No. 862

Registration District No. 128

Primary Registration District No. 2000

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD
9
2
6

1. PLACE OF DEATH:
(a) County Greene
(b) City or town Springfield
(c) Name of hospital or institution:
1313 West Central
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community 5 Years
years, months or days

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Greene
(c) City or town Springfield
(If outside city or town limits, write "RURAL")
(d) Street No. 1313 West Central
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country No

3: (a) PRINT FULL NAME HENRIETTA CAMPBELL
3. (b) If veteran, name war No 3. (c) Social Security No. No

4. Sex Female 5. Color or race White
6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife Cass Campbell
6. (c) Age of husband or wife if alive deceased years
7. Birth date of deceased May 10 1860
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
88 4 29 hr. min.

9. Birthplace Ozawkie Kansas
(City, town, or county) (State or foreign country)

10. Usual occupation House wife

11. Industry or business _____

12. Name William Sprague

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

14. Maiden name Elizabeth Bepree

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

16. (a) Informant Mrs W. A. King

(b) Address 1313 W Central, Springfield, Mo.

17. (a) Removal (b) Date thereof 10-11-48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Lansing, Kansas

18. (a) Signature of funeral director Alma Lohmeyer Funeral Home
(b) Address Springfield, Missouri

19. (a) 10-13-48 (b) W E Handley MD
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Oct day 9
year 1948 hour 4 minute A M.
21. I hereby certify that I attended the deceased from Oct, 1947 to 8 Oct, 1948
that I last saw her alive on 8 Oct, 1948
and that death occurred on the date and hour stated above.

Immediate cause of death Arteriosclerosis, gener- severe & Arteriosclerotic Heart Disease
Due to Hypertension, arterial, & Hypertensive Cardiovascular Disease and Coronary Insufficiency
Other conditions (Include pregnancy within 3 months of death) _____

Major findings: Of operations 928
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)
(e) Means of injury _____
23. Signature Stanley S Peterson MD (M. D. or other) MD
Address Springfield, Mo Date signed 9 Oct 48

Duration
Physician
Underline the cause to which death should be charged statistically.

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 Lee Mason

Licensed Embalmer No. 4568

P. O. Address Springfield, 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.