No. 2
-1/47
-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED NOV 24 1948

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 37547

Registration District No. 267 — Primary Registration District No. 4396 — Registrar's No. 98

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

1. PLACE OF DEATH:
(a) County Lemiscot
(b) City or town Wardell, Mo
(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 2 months
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Lemiscot 78
(c) City or town Wardell 0
(If outside city or town limits, write "RURAL")
(d) Street No. 0
(If rural, give location)
(e) Citizen of foreign country? (Yes or No) 0
If yes, name country

3. (a) PRINT FULL NAME Billy Joe 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 Infant
6. (b) Name of husband or wife ✓
6. (c) Age of husband or wife if alive years
7. Birth date of deceased August (Month) 29 (Day) 1948 (Year)

8. AGE: Years | Months 2 | Days 18 | If less than one day hr. min.
9. Birthplace Wardell (City, town, or county) Missouri (State or foreign country)
10. Usual occupation
11. Industry or business
FATHER
12. Name Charles Evins Campbell
13. Birthplace Malden (City, town, or county) Missouri (State or foreign country)
MOTHER
14. Maiden name Lorna Vann Meacutt
15. Birthplace Huntsville (City, town, or county) - Alabama (State or foreign country)
16. (a) Informant Charles Evins Campbell
(b) Address Wardell, Mo
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 11/17/48 (Month) (Day) (Year)
(c) Place: burial or cremation Malden Mo. Cemetery
18. (a) Signature of funeral director Lisle Funeral Parlor
(b) Address Portageville Mo
19. (a) 11/18/48 (Date received local registrar) (b) John W. German (Registrar's signature) 406

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 16th
year 1948 hour 10 40 minute P. M.
21. I hereby certify that I attended the deceased from Oct. 1 1948, to Nov 16 1948
that I last saw him alive on Oct. 30 1948
and that death occurred on the date and hour stated above.

Immediate cause of death Colitis — Duration 4 weeks
Due to sudden death after Baby has been doing fine
Due to for 3 or 4 weeks - could have been
Other conditions Hurt?
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy 1149

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 0
23. Signature [illegible] (M. D. ~~or other~~)
Address Hayti, Mo. Date signed 11-17-48

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

11-48-319

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 Not Embalmed Registered Apprentice No. working under my personal supervision.

Signed

Licensed Embalmer No.

P. O. Address

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.