

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED NOV 11 1942

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

34588

State File No. _____

Registration District No. 294 Primary Registration District No. 3056 Registrar's No. 174

1. PLACE OF DEATH:
(a) County Randolph
(b) City or town Moberly, Mo.
(c) Name of hospital or institution: McCormick Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 15 days
(Specify whether
In this community Entire life
years, months or days)

3. (a) PRINT FULL NAME MARY L. CAMPBELL
3. (b) If veteran, name war None 3. (c) Social Security No. None

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife John R. Campbell 6. (c) Age of husband or wife if alive 1851 years
7. Birth date of deceased Jan-5-1851
(Month) (Day) (Year)

8. AGE: Years 91 Months 8 Days 25
hr. _____ min. _____

9. Birthplace Randolph Co Mo
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife (Retired)

11. Industry or business _____

MOTHER FATHER { 12. Name James J. Boney
13. Birthplace N. Carolina
(City, town, or county) (State or foreign country)
14. Maiden name Elizabeth Carr
15. Birthplace N. Carolina
(City, town, or county) (State or foreign country)

16. (a) Informant Roy Campbell
(b) Address Cairo Mo.

17. (a) Burial (b) Date thereof Oct-9-42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Grand Prairie

18. (a) Signature of funeral director How Funeral Home
(b) Address Moberly Mo.

19. (a) 10/2/42 (b) J. J. Haver
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Randolph
(c) City or town Cairo
(If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) If foreign born, how long in U. S. A.? _____ years.

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Sept day 30th
year 1942 hour 2 minutes 55 P.M.

21. I hereby certify that I attended the deceased from Sept 26, 1942, to Sept 30, 1942
that I last saw him alive on _____, 19____
and that death occurred on the date and hour stated above.

Immediate cause of death Senility
Duration _____

Due to _____

Due to _____

Other conditions 162h
(Include pregnancy within 3 months of death)

Major findings: Of operations _____

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) _____ (e) Means of injury _____

23. Signature J. J. Haver (Name or other) _____

Address Moberly, Mo. Date signed Oct 2, 42

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

RECEIVED

District Health Officer No. 10

File Number 11-42-1974

Date Filed NOV - 9 1942

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

R. M. Cator

Licensed Embalmer No. 4117

P. O. Address

Proberly 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.