

FILED FEB 15 1943

State File No. \_\_\_\_\_

Registration District No. \_\_\_\_\_

Primary Registration District No. 3023

Registrar's No. 2

1. PLACE OF DEATH:  
 (a) County Henry  
 (b) City or town Clinton  
 (If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution:  
Wetzel Hospital  
 (If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution 5 days (Specify whether  
 In this community all life years, months or days)

2. USUAL RESIDENCE OF DECEASED:  
 (a) State Mo (b) County Henry  
 (c) City or town Clinton  
 (If outside city or town limits, write "RURAL")  
 (d) Street No. RR # 4 (If rural, give location)  
 (e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
 If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME John D CAMPBELL

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

4. Sex M 5. Color or race W 6. (a) Single, widowed, married, divorced son  
 6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
 7. Birth date of deceased Mar 9 1932 (Month) (Day) (Year)

8. AGE: Years 19 Months 9 Days 22 If less than one day \_\_\_\_\_ hr \_\_\_\_\_ min.

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

10. Usual occupation School Boy

11. Industry or business \_\_\_\_\_

MOTHER FATHER

12. Name Chester Campbell  
 13. Birthplace Bates Co Mo (City, town, or county) (State or foreign country)  
 14. Maiden name Eric May Hunter  
 15. Birthplace St Clair Co Mo (City, town, or county) (State or foreign country)

16. (a) Informant Chester Campbell

(b) Address Clinton Mo

17. (a) Burial (Burial, cremation, or removal) Burial (b) Date thereof 1/3-4/3 (Month) (Day) (Year)

(c) Place: burial or cremation Urush Mo

18. (a) Signature of funeral director Consuelo Peak

(b) Address Clinton Mo

19. (a) Jan. 3, 1943 (Date received local registrar) (b) Georgia Kitchen (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 1 year 1943 hour 4:30 minute AM  
 21. I hereby certify that I attended the deceased from Dec 28 1942 to Jan 1 1943

that I last saw him alive on Jan 1 1943 and that death occurred on the date and hour stated above.

Immediate cause of death Peritonitis acute following acute appendicitis  
 Due to acute hepatitis  
due to infection

Duration

Due to \_\_\_\_\_  
 Other conditions 12/11 (Include pregnancy within 3 months of death)

PHYSICIAN

Major findings:  
 Of operations Ruptured appendix  
Peritonitis  
 Of autopsy \_\_\_\_\_

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? \_\_\_\_\_

While at work? \_\_\_\_\_ (Specify type of place) Means of injury \_\_\_\_\_

23. Signature Geo J. W. [unclear] (M. D. or Other) \_\_\_\_\_  
 Address Clinton Date signed Jan 1 1943

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

42  
1  
2

RECEIVED

District Health Officer No. 7;

District File Number 1-43-110

Date Filed 2-8-43

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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

*J. E. Consolow*

Licensed Embalmer No. 1891

P. O. Address Antioch, Ill.

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.