

S. No. 2
M-8-43
7-5-17-39
X37823

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

20414

State File No. _____

FILED JUN 14 1945

Registration District No. _____

Primary Registration District No. 3023

Registrar's No. 113

1. PLACE OF DEATH:

(a) County Henry
(b) City or town Lewis station
(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 year years, months or (days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Henry
(c) City or town Lewis sta
(If outside city or town limits, write "RURAL.") _____
(d) Street No. _____ (If rural, give location) _____
(e) Citizen of foreign country? _____ (Yes or No) _____
If yes, name country _____

3. (a) PRINT FULL NAME JOSEPH ROBERT CAMPBELL

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

4. Sex MO 5. Color or race W 6. (a) Single, widowed, married, divorced M
6. (b) Name of husband or wife Myrtle 6. (c) Age of husband or wife if alive 60 years
7. Birth date of deceased Mar 14 1867
(Month) (Day) (Year)

8. AGE: Years 78 Months 3 Days 25 If less than one day _____ hr. _____ min.

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

10. Usual occupation Farming

11. Industry or business _____

12. Name Wm Campbell
13. Birthplace Dont know
(City, town, or county) (State or foreign country)
14. Maiden name Dont know
15. Birthplace Dont know
(City, town, or county) (State or foreign country)

16. (a) Informant Fred Dalton
(b) Address Lewis sta

17. (a) Buried (b) Date thereof 6-12-45
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Calhoun Mo

18. (a) Signature of funeral director Consuelo Bess

(b) Address Clinton Mo

19. (a) Jewell (b) Myrtle Bess
(Data received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 9
year 45 hour 9 minute _____ P. M.

21. I hereby certify that I attended the deceased from May 1944
_____ 19____ to June 8 1945

that I last saw him alive on June 8 1945
and that death occurred on the date and hour stated above.

Immediate cause of death myocarditis
Due to Chronic nephritis

Duration

1 mo

Due to _____

Other conditions _____
(Include pregnancy within 3 months of death)

Major findings:

Of operations _____
Of autopsy 12/11

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? _____

While at work? _____ (Specify type of place) _____
(e) Means of injury _____

23. Signature R Powell (M. D. or other) _____
Address Clinton Mo Date signed 6/11

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

172
00

1391

RECEIVED
District Health Officer No. 7,
District File Number 6-45-681
Date Filed 11-12-45

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. Conner

Licensed Embalmer No. 1891

P. O. Address Clinton, 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.