

Registration District No. **62**

Primary Registration District No. **5238**

1. PLACE OF DEATH:

(a) County **Cedar**
(b) City or town **Rural-Jefferson**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: **X**
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **X**
In this community **All life** (Specify whether years, months or days)

3. (a) PRINT FULL NAME **WILLIAM THOMAS CAMPBELL**

3. (b) If veteran, name war **X** 3. (c) Social Security No. **500-10-7220**

4. Sex **M** 5. Color or race **W** 6. (a) Single, widowed, married, divorced **M**
6. (b) Name of husband or wife **Clara Campbell** 6. (c) Age of husband or wife if alive **53** years
7. Birth date of deceased **June 23 1881**
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
65 3 2 hr. min.

9. Birthplace **Cedar Co. Missouri**
(City, town, or county) (State or foreign country)

10. Usual occupation **Farming**

11. Industry or business **X**

12. Name **William Campbell**

13. Birthplace **Cedar Co. Missouri**
(City, town, or county) (State or foreign country)

14. Maiden name **Gipson**

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

16. (a) Informant **Ray J Campbell**

(b) Address **Burnegan, Mo**

17. (a) **Burial** (b) Date thereof **9/26/1946**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Alder Cemetary**

18. (a) Signature of funeral director **Church & Neale**

(b) Address **Stockton, Missouri**

19. (a) **9-28-46** (b) **Isenior Garrison**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Mo.** (b) County **Cedar**
(c) City or town **Rural**
(If outside city or town limits, write "RURAL")
(d) Street No. **Jefferson Township**
(If rural, give location)
(e) Citizen of foreign country? **No.** (Yes or No)
If yes, name country **X**

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Sept** day **25**
year **1946** hour **11:30** minute **A** M.

21. I hereby certify that I attended the deceased from **2.18.46** to **9.19.46**
that I last saw him alive on **9.19.46**
and that death occurred on the date and hour stated above.

Immediate cause of death **Chronic arteriosclerotic heart**
hypertension Duration **yes**

Due to
Due to

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

Major findings:
Of operations **13/10**

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 **1**

23. Signature **Wm. B. Richter** (M. D. or other)
Address **Stockton, Mo** Date signed **9-26-46**

RECEIVED

DL

Case No: 7,

9-46-991

Case No.

10-4-46

Date filed

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.....

Melvin Church

Licensed Embalmer No.....

3272

P. O. Address.....

Stockton, 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.