

No. 2
1/47
17-39

17235

State File No.

FILED MAY 20 1947

Registration District No. 137

Primary Registration District No. 3023

Registrar's No. 118

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: at home 303 W Rodgers!
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution: 50 years (Specify whether: years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State: Missouri (b) County: Henry 42

(c) City or town: Clinton 1
(If outside city or town limits, write "RURAL")

(d) Street No.: 303 W Rodgers 2
(If rural, give location) 0

(e) Citizen of foreign country? no (Yes or No)

If yes, name country:

3. (a) PRINT FULL NAME: THOMAS G. CAMPBELL

3. (b) If veteran, name war: no

3. (c) Social Security No.: none

4. Sex: m 5. Color or race: W

6. (a) Single, widowed, married, divorced: widowed

6. (b) Name of husband or wife:

6. (c) Age of husband or wife if alive:

7. Birth date of deceased: 6-12-1898
(Month) (Day) (Year)

8. AGE: Years: 88 Months: 11 Days: 1 If less than one day:

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

10. Usual occupation: gardner

11. Industry or business:

12. Name: unknown

13. Birthplace: Mo 4
(City, town, or county) (State or foreign country)

14. Maiden name: unknown

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

16. (a) Informant: Carl L Campbell 1
(b) Address: Clinton Mo

17. (a) Burial (b) Date thereof: 5-16-47
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation: Englewood Cem

18. (a) Signature of general director: Conalish + Beck
(b) Address: Clinton Mo

19. (a) 5-16-47 (b) R. H. Kennedy
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month: May day: 13
year: 1947 hour: 5 minute: 30 P.M.

21. I hereby certify that I attended the deceased from: 3-1, 1947 to: 5-10, 1947
that I last saw him alive on: 5-10, 1947
and that death occurred on the date and hour stated above.

Immediate cause of death: Senility

Due to:

Due to:

Other conditions: no
(Include pregnancy within 3 months of death)

Major findings: no
Of operations:

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?

(d) Did injury occur in or about home, on farm, in industrial place, in public place? 2
(Specify type of place)

While at work?

(e) Means of injury:

23. Signature: R. J. Lowell (M.D. or other) DO
Address: Clinton Mo Date signed: 5/14/47

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

MOTHER FATHER

PHYSICIAN

Underline the cause of which death should be charged statistically.

RECEIVED
District Health Officer No. 7
District File Number 5-19-47
Date Filed 7-47-60

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. R. Kenney

Licensed Embalmer No. 3099

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.