

Registration District No. 318

Primary Registration District No. 2001

1. PLACE OF DEATH

(a) County Greene
(b) City or town Springfield
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 1211 N Warren 2
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether
In this community _____ years, months or days) 5 11 11

8. (a) PRINT FULL NAME Marion Franklin Campbell

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

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife Single 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased Sept 11 1939
(Month) (Day) (Year)

8. AGE: Years 10 Months 11 Days 8 If less than one day _____ hr. _____ min.

9. Birthplace Greene Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Child

11. Industry or business Child

12. Name Frank Campbell
13. Birthplace Unknown Missouri
(City, town, or county) (State or foreign country)
14. Maiden name Leah Wolf
15. Birthplace Unknown Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Frank Campbell
(b) Address 1211 N Warren

17. (a) Burial (b) Date thereof Aug 21, 1940
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Springfield Easttown

18. (a) Signature of funeral director J. W. Klingner & Co.

(b) Address Springfield Missouri

19. (a) Aug 20, 1940 (b) W. E. Handley
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Greene
(c) City or town Springfield
(If outside city or town limits write "RURAL")
(d) Street No. 1211 N Warren
(If rural, give location)
(e) If foreign born, how long in U. S. A.? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug day 19
year 1940 hour 10 minute P.M.

21. I hereby certify that I attended the deceased from on
July 10, 1940 to _____, 19____;
that I last saw him alive on July 10, 1940
and that death occurred on the date and hour stated above.

Immediate cause of death Unknown

Due to _____
Due to _____

Other conditions Infant malnutrition
(Include pregnancy within 3 months of death)

Major findings:
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? _____ (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) (a) Means of injury _____
Signature W. E. Handley (M. D. or other) MD
Date signed 8/20/40

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

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.....

Ogle Sloan Jr., Registered Apprentice No. *232*
working under my personal supervision.

Signed *Ray A. Bauris*

Licensed Embalmer No. *1763*

P. O. Address *Springfield 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, above space should be left blank.

X