

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 28616

Registration District No. 347

Primary Registration District No. 3018

Registrar's No.

12
4
2
WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County Henry Clinton
(b) City or town _____
(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 _____ 5 yrs 5 1/2
years, months or days

3. (a) PRINT FULL NAME Henry D Campbell

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

4. Sex Male 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 _____ years

7. Birth date of deceased May 31 1865
(Month) (Day) (Year)

8. AGE: Years 75 Months 2 Days 17 If less than one day _____ hr. _____ min.

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

10. Usual occupation farmer

11. Industry or business _____

12. Name John Campbell
13. Birthplace Ohio
(City, town, or county) (State or foreign country)

14. Maiden name Anderson
15. Birthplace Anderson, Indiana
(City, town, or county) (State or foreign country)

16. (a) Informant John Campbell
(b) Address Marshall Ave

17. (a) Burial (b) Date thereof 8 17 1940
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Wich Cen

18. (a) Signature of funeral director Frank G. Wilkinson
(b) Address Clinton Mo

19. (a) 8-17-40 (b) _____
(Date received local registrar) (Registrar's signature)

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. N 2nd (If rural, give location)
(e) If foreign born, how long in U. S. A. _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug day 15
year 1940 hour 4 minute 00 P. M.

21. I hereby certify that I attended the deceased from Aug 5
1940 to Aug 15 1940

that I last saw him alive on Aug 15 1940
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Thrombosis Duration _____

Due to Senility with arterial sclerosis

Due to _____

Other conditions (Include pregnancy within 3 months of death) 9/10

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? 310

While at work? _____ (Specify type of place) (e) Means of injury 3

23. Signature Frank G. Wilkinson or other Do
Address Clinton Mo Date signed Aug 17

PHYSICIAN

Underline the cause to which death should be charged statistically.

RECEIVED

District Health Officer No. 7,

District File Number 9-40-1360

Date Filed 9-16-40

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

Fred W. McKinsey

Licensed Embalmer No.

2478

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, above space should be left blank.

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 28616

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

Registration District No. 347

Primary Registration District No. 3018

Registrar's No.

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:
(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)

3. (a) PRINT FULL NAME Henry 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, wid
6. (b) Name of husband or wife _____ 6. (c) Age of husband, or wife, if alive _____ year
7. Birth date of deceased _____
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
75- 2 14 hr. min.

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

10. Usual occupation _____

11. Industry or business _____

MOTHER FATHER { 12. Name _____
13. Birthplace _____ (City, town, or county) (State or foreign country)
14. Maiden name _____
15. Birthplace _____ (City, town, or county) (State or foreign country)

16. (a) Informant _____
(b) Address _____

17. (a) _____ (b) Date thereof _____
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation _____

18. (a) Signature of funeral director Fred A. Williamson
(b) Address Clinton Mo

19. (a) Aug 17, 1940 (b) Dr. J. R. Hampton
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

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

20. DATE OF DEATH: Month Aug day 12
year 1940 hour _____ minute _____ M.
21. I hereby certify that I attended the deceased from _____
_____, 19____, to _____, 19____;
that I last saw h. _____ alive on _____, 19____;
and that death occurred on the date and hour stated above.
Immediate cause of death _____

Due to _____
Due to _____
Other conditions _____
(include pregnancy within 3 months of death)
Major findings:
Of operations _____
Of autopsy _____

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 Gus S. Wetzel (M. D. or other)
Address Clinton Mo Date signed _____

SUPPLEMENTARY

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

