

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

35714

Do not use this space.

NOV 20 1940

1. PLACE OF DEATH

(a) County Lancaster Registration District No. 10 & 24
 (b) Township Red Oak Primary Registration District No. 2631
 (c) City or _____ (d) Street No. _____ Registered No. 12
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U.S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

(a) Residence, No. Thomas F. Campbell St.
St. Louis Mo. (If nonresident, give city or town and State)
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED, HUSBAND OF (or) WIFE OF <u>Ella Campbell</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>10-11-1862</u>		
7. AGE	YEARS <u>78</u>	MONTHS <u>0</u>
	DAYS <u>21</u>	IF LESS than 1 day, _____ hrs. or _____ min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. <u>Farmer</u>	
	9. Industry or business in which work was done, as saw mill, bank, etc. <u>Farmer</u>	
	10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____	
12. BIRTHPLACE (CITY OR TOWN), (STATE OR COUNTRY) <u>Barnes Co. Ill</u>	1	
FATHER	13. NAME <u>Geo. W. Campbell</u>	
	14. BIRTHPLACE (CITY OR TOWN), (STATE OR COUNTRY) <u>Ill</u>	
MOTHER	15. MAIDEN NAME <u>Sarah Pyle</u>	
	16. BIRTHPLACE (CITY OR TOWN), (STATE OR COUNTRY) <u>Ill</u>	
17. INFORMANT (ADDRESS) <u>Mrs. Ella Campbell</u> <u>Lancaster Mo. R. R.</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Red Oak</u>	DATE <u>11-4-</u> 19 <u>40</u>	
19. FUNERAL DIRECTOR (NAME) (ADDRESS) <u>Morris & Herman Miller</u> <u>Mo.</u>		
20. FILED <u>Nov 6</u> 19 <u>40</u> <u>Arthur Wilson</u> Local Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 11-2- 1940

22. I HEREBY CERTIFY, That I attended deceased from Sept 13 1940, to Nov 2 1940
 I last saw him alive on Oct 22 1940 Death is said to have occurred on the date stated above, at 8:25 p.m.
 The principal cause of death and related causes of importance were as follows:
Carcinoma of rectum for over one year
 Date of onset _____

Other contributory causes of importance: 410

Name of operation _____ Date of _____
 What test confirmed diagnosis Biopsy Was there an autopsy? no

23. If death was due to external cause (violence), fill in also the following:
 Accident, suicide, or homicide? _____ Date of injury _____ 19 _____
 Where did injury occur? _____ (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place. _____

Manner of injury _____
 Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? no
 If so, specify _____
 (Signed) L. J. Dolner M. D.
 (Address) Miller Mo.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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 *G. R. Seiman*.....

Licensed Embalmer No. 3297.....

P. O. Address Miller 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.