

FILED JUN 11 1941

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUSMISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 18134

Registration District No. 411

Primary Registration District No. 2002

Registrar's No.

1. PLACE OF DEATH:

(a) County Jasper
 (b) City or town Joplin
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution
201 Moffett Ave.
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution None
(Specify whether)
 In this community 67 Years
years, months or days

3. (a) PRINT FULL NAME

Mary Campbell3. (b) If veteran,
name war No3. (c) Social Security
No. No4. Sex F / 5. Color or
race W 6. (a) Single, widowed, married,
divorced Widowed6. (b) Name of husband or wife. No 6. (c) Age of husband or wife if
alive No years7. Birth date of deceased. September 13 1869
(Month) (Day) (Year)8. AGE: Years Months Days If less than one day
71 7 7 hr. min.9. Birthplace Independence Missouri
(City, town, or county) (State or foreign country)10. Usual occupation Housewife11. Industry or business Home12. Name J. B. Glover13. Birthplace Kentucky
(City, town, or county) (State or foreign country)14. Maiden name Charlotte Ann Taylor15. Birthplace Alexander Virginia
(City, town, or county) (State or foreign country)16. (a) Informant Mrs. Mona Name(b) Address 201 Moffett - Joplin Mo17. (a) Burial (b) Date thereof 5-22-41
(Burial, cremation, or removal) (Month) (Day) (Year)(c) Place: burial or cremation Fairview Cemetery(a) Signature of funeral director Hurlbut Under(b) Address 212 Joplin St. Joplin, Mo19. (a) 5-21-41 (b) Ed Spence
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jasper
 (c) City or town Joplin
(If outside city or town limits, write "RURAL")
 (d) Street No. 201 Moffett Ave.
(If rural, give location)
 (e) If foreign born, how long in U. S. A.? No 0 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH, Month May day 19
 year 1941 hour 11 minute 55 P.M.

21. I hereby certify that I attended the deceased from
 191941 to May 19 1941
 that I last saw her alive on May 19 1941
 and that death occurred on the date and hour stated above.

Immediate cause of death General
Abdominal carcinoma
 Duration

Due to Malignancy of Cervix
Vaginal + Endometrium 5 mo

Due to _____
 Other conditions _____
(Include pregnancy within 3 months of death)

Major findings: none
 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?
3 72-19 (Specify type of place)

While at work? _____
 Signature Ed Spence (M. D. or other)
 Address Joplin Mo Date signed _____

(Licensed Embalmer's Statement on Reverse Side)

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

41-6-531

4-8

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 Sam B. Sweeney

Licensed Embalmer No. 4099

P. O. Address Joplin 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.

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 18134

Registration District No. 411

Primary Registration District No. 2002

Registrar's No. _____

1. PLACE OF DEATH:

(a) County Jackson
(b) City or town Jefferson
(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 Mary Campbell

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

4. Sex F 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 71 Months 7 Days 7 If less than one year _____ hr _____ min.

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

10. Usual occupation _____

11. Industry or business _____

12. Name _____

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

14. Maiden name _____ (State or foreign country)

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

16. (a) Informant _____

(b) Address _____

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

(c) Place: burial or cremation _____

18. (a) Signature of funeral director _____

(b) Address _____

19. (a) _____ (b) _____ (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) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

PHYSICIAN CERTIFICATION

20. DATE OF DEATH Month May day 19
year 1991 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 General Duration _____
of nodular carcinomatosis

Due to Malignancy of Cervix

Due to Stomach + Colon

Other conditions none N.M.D.
(Include pregnancy within 3 months of death)

Major findings: none PHYSICIAN _____

Of operations _____

Of autopsy _____ 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)
Cause of injury _____

23. Signature _____ (M. D. or other) _____

Address _____ Date signed _____

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

SUPPLEMENTAL

S-18134