No. 4-1 -1

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAY 6 1942

Registration District No. 4942

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 14695

Primary Registration District No. 3023

Registrar's No. 43

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

1. PLACE OF DEATH:
(a) County: Johnson
(b) City or town: Warrensburg
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Warrensburg Clinic D
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution ..... (Specify whether years, months or days)
In this community: 4½ days

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County: Benton
(c) City or town: Rural
(If outside city or town limits, write "RURAL")
(d) Street No.: R.F.D. 1 Fristoe Twp
(If rural, give location)
(e) If foreign born, how long in U. S. A.? ..... years.

3. (a) PRINT FULL NAME: Ada Campbell

3. (b) If veteran, name war: ✓

3. (c) Social Security No.: ✓

4. Sex: Female

5. Color or race: White

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

6. (b) Name of husband or wife: Charles L. Campbell

6. (c) Age of husband or wife if alive: 65 years

7. Birth date of deceased: Dec. (Month) 15 (Day) 1880 (Year)

8. AGE: Years 61 Months 3 Days 23 If less than one day ..... hr. ..... min.

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

10. Usual occupation: housewife

11. Industry or business:

FATHER
12. Name: James M. Crawford
13. Birthplace: Benton Co. (City, town, or county) Mo. (State or foreign country)

MOTHER
14. Maiden name: Malinda Rhea
15. Birthplace: (City, town, or county) Mo. (State or foreign country)

16. (a) Informant: C. C. Campbell
(b) Address: Fristoe Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: April 9 1942 (Month) (Day) (Year)
(c) Place: burial or cremation: Fristoe Cem. Fristoe Mo.

18. (a) Signature of funeral director: White + Reser Funeral Home
(b) Address: Warsaw Mo.

19. (a) ..... (Date received local registrar) (b) ..... (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 8 year 1942 hour 1 minute 20 A.M.

21. I hereby certify that I attended the deceased from 4-1-42, 19..., to 4-8-42, 19...; that I last saw her alive on 4-8-, 1942 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Coronary Thrombosis	4-1-42
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death) gla	
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? (Specify type of place)
While at work? (e) Means of injury

23. Signature: R. F. McKinney (M. D. or other) MD
Address: Warrensburg Mo. Date signed 4-8-42

1001 (Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 8,
District File Number
Date filed 5-5-42

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 Ronald W. Turpin

Licensed Embalmer No. 3053

P. O. Address Warrensburg Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wit the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.

V. S. No. 2B
10M—8-21-41
I X29288

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 14 695

Registration District No. 431

Primary Registration District No. 3023

Registrar's No.

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

1. PLACE OF DEATH:

(a) County: Johnson

(b) City or town: Warrensburg
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Warrensburg Clinic
(If not in hospital or institution, write street number or location)

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

2. USUAL RESIDENCE OF DECEASED:

(a) State: Mo (b) County: Benton

(c) City or town: Rural
(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 —

3. (a) PRINT FULL NAME: Ada Campbell

3. (b) If veteran, name war .....

3. (c) Social Security No. .....

4. Sex: F

5. Color or race: W

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

6. (b) Name of husband or wife .....

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

7. Birth date of deceased: Dec (Month) -13- (Day) 1850 (Year)

8. AGE: Years 61 Months 3 Days 23 If less than one day ..... 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) .....

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

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

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

18. (a) Signature of funeral director .....
(b) Address .....

19. (a) April 8-1942 (Date received local registrar) (b) Leola M. Williams (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 8 year 1942 hour 1 minute 30 A.M.

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

Immediate cause of death: Coronary Thrombosis — Duration

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 ..... (M. D. or other) .....
Address ..... Date signed .....

SUPPLEMENTARY

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