

FILED MAY 13 1942

Registration District No. 872

Primary Registration District No. 6152A

Registrar's No. ....

1. PLACE OF DEATH:

(a) County Wagon Rural, Oregon  
(b) City or town Rural - Deerfield Twp.  
(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 6 1/2 years  
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Wagon  
(c) City or town Rural - Deerfield Twp.  
(If outside city or town limits, write "RURAL")  
(d) Street No. \_\_\_\_\_  
(If rural, give location)  
(e) Citizen of foreign country? no (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Sarah Rozetta Campbell

3. (b) If veteran, name war no  
3. (c) Social Security No. none

4. Sex Female 5. Color or race White  
6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife John Wesley Campbell  
6. (c) Age of husband or wife if alive 79 years

7. Birth date of deceased September 24 1868  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>73</u>	<u>7</u>	<u>15</u>	hr. min.

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

10. Usual occupation Housewife

11. Industry or business \_\_\_\_\_

12. Name John Kollath

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

14. Maiden name Anna Wessner

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

16. (a) Informant Edith Wood

(b) Address W. Cherry St Nevada, Mo

17. (a) Burial (b) Date thereof May 1 - 1942  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Newton Burial Park

18. (a) Signature of funeral director Ray Funeral Service  
(b) Address Nevada, Mo

19. (a) May 5 - 1942 (b) Miss W. R. Charles  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 29  
year 1942 hour 12 minute 07 A.M.

21. I hereby certify that I attended the deceased from Oct 6  
1940 to April 28 1942  
that I last saw her alive on April 29 1942  
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Thrombosis  
Due to Gen. arteriosclerosis

Duration 3 hrs.

Due to \_\_\_\_\_  
Other conditions 94 a  
(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 160  
(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? no (Specify type of place) (e) Means of injury \_\_\_\_\_

23. Signature J. W. Beasly (M. D. or other) MD  
Address Nevada, Mo Date signed 4/30/42

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

MOTHER FATHER

RECEIVED

District Health Officer No. 7,

District File Number.....5-42-486

Date Filed.....5-8-42

---

---

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.....Allen J. Karp.....

Licensed Embalmer No.....1968.....

P. O. Address.....Nevada 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.**