

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. \_\_\_\_\_

FILED MAY 29 1942

Registration District No. 89

Primary Registration District No. 3007

Registrar's No. 120

1. PLACE OF DEATH:

(a) County Butler  
(b) City or town Poplar Bluff  
(c) Name of hospital or institution: None  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution: 45 years  
In this community: 45 years  
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Butler  
(c) City or town Poplar Bluff  
(If outside city or town limits, write "RURAL")  
(d) Street No. 824 North D<sup>o</sup> St.  
(If rural, give location)  
(e) Citizen of foreign country? No. (Yes or No)  
If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 10th  
year 1942 hour 2 minute 30 A.M.

21. I hereby certify that I attended the deceased from 2-8, 1942 to 4-3, 1942  
that I last saw him alive on 4-3, 1942  
and that death occurred on the date and hour stated above.

Immediate cause of death: Apoplexy  
Due to: Hypertensive Cardio-vascular disease

Other conditions: \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Major findings: \_\_\_\_\_  
Of operations: \_\_\_\_\_  
Of autopsy: \_\_\_\_\_

Duration  
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 Fred Biggs (M. D. or other) \_\_\_\_\_  
Address Poplar Bluff, Mo. Date signed 9-11-42

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

1273

3. (a) PRINT FULL NAME LUCIAN CAMPBELL

3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. None

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

6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased March 28 1861  
(Month) (Day) (Year)

| 8. AGE: | Years     | Months   | Days      | If less than one day |
|---------|-----------|----------|-----------|----------------------|
|         | <u>81</u> | <u>0</u> | <u>12</u> | _____ hr. _____ min. |

9. Birthplace Mineral Point, Missouri  
(City, town, or county) (State or foreign country)

10. Usual occupation Retired Farmer

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

12. Name Unknown

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

14. Maiden name Unknown

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

16. (a) Informant James B. Burton

(b) Address 824 North D. St., Poplar Bluff, Mo.

17. (a) Burial (b) Date thereof Apr. 11, 1942  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Rombauer Cemetery

18. (a) Signature of funeral director Frank Mortuary

(b) Address 412 Vine St., Poplar Bluff, Mo.

19. (a) 4-11-42 (b) Belle Hissel  
(Date received local registrar) (Registrar's signature)

MOTHER FATHER

RECEIVED

District Health Office No. 2,

District File Number 542-600

Date Filed 5-13-42

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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, ~~xxxx~~.....  
....., Registered Apprentice No.....  
working under my personal supervision.

Signed

*Howard S. Cooper*

Licensed Embalmer No. 3996

P. O. Address 412 Vine St., Poplar Bluff,

**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.**