

U. S. No. 2
M-9-4-41
Rev. 5-17-39
I X2948A

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

27073

State File No. _____

TILED SEP 8 1942

Registration District No. 204

Primary Registration District No. 4176

Registrar's No. 16

1. PLACE OF DEATH:

(a) County Dunklin

(b) City or town Malden
(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 years, months or days)

In this community two weeks

2. USUAL RESIDENCE OF DECEASED:

(a) State Ark. (b) County Clay

(c) City or town Rector
(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 CLOTA Irene Campbell

(b) If veteran, name war _____

(c) Social Security No. _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug day 27 year 42 hour 11 minute 50 M.

21. I hereby certify that I attended the deceased from Aug 16 1942 to Aug 27 1942
that I last saw her alive on Aug 27 and that death occurred on the date and hour stated above.

4. Sex F 5. Color or race W 6. (a) Single, widowed, married, divorced M

6. (b) Name of husband or wife Campbell 6. (c) Age of husband or wife if alive 45 years

7. Birth date of deceased Mar 9 1908
(Month) (Day) (Year)

Immediate cause of death Coronary Thrombosis
on Aug 26 -

8. AGE: Years 34 Months 5 Days 18
If less than one day hr. min.

Due to Previous Hemige-manifest

Due to Patent Salaries -

9. Birthplace Malden Mo. O.
(City, town, or county) (State or foreign country)

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

10. Usual occupation house wife

Major findings: Of operations _____
Of autopsy _____

11. Industry or business _____

12. Name R. B. Kittrell

13. Birthplace Malden Mo. O.
(City, town, or county) (State or foreign country)

14. Maiden name Bertha Kittrell

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

16. (a) Informant John Kittrell

(b) Address 1234 S. Main St. Malden, Ark.

17. (a) _____ (b) Date thereof 8-29-42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation First Baptist Church

18. (a) Signature of funeral director Edward Russell

(b) Address 1234 S. Main St. Malden, Ark.

19. (a) 8-28-42 (b) W. Elder
(Date received local registrar) (Registrar's signature)

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 Resident Physician Date signed Aug 28 1942

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

35
3
1

RECEIVED

District Health Office No. 2,

District File Number 942-1102

Date Filed 9-2-42

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

Lloyd Russell

Licensed Embalmer No. 509

P. O. Address Siggott Park

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.