

FILED OCT 10 1942

Registration District No. *38*

Primary Registration District No. ~~4038~~ *5102*

Registrar's No. *26*

1. PLACE OF BIRTH:

(a) County *Benton*
(b) City or town *Warsaw Mo*
(c) Name of hospital or institution: *Rural Trustee*
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution.....
In this community.....
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State *Mo* (b) County *Benton*
(c) City or town *Warsaw Mo*
(d) Street No.....
(e) Citizen of foreign country?.....
If yes, name country.....

3. (a) PRINT FULL NAME *Low Crisis Campbell*

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

4. Sex *fm* 5. Color or race *wht* 6. (a) Single, widowed, married, divorced *married*
6. (b) Name of husband or wife *Henry Campbell* 6. (c) Age of husband or wife if alive..... years
7. Birth date of deceased. *June 13, 1868*
(Month) (Day) (Year)

8. AGE: Years *74* Months *2* Days *26* If less than one day
hr. min.

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

10. Usual occupation *Teacher*

11. Industry or business.....

12. Name *John Ritter*

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

14. Maiden name *Martha Ellsworth*

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

16. (a) Informant *Henry Campbell*

(b) Address *Warsaw Mo*

17. (a) *burial* (b) Date thereof *9/10/42*
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation *New Home Care*

18. (a) Signature of funeral director *J. Luckey*
(b) Address *Whitehead Mo*

19. (a) *Sept 14/42* *Gas A. Logan*
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month *Sept* day *9*
year *1942* hour *8* minute *30* M.

21. I hereby certify that I attended the deceased from.....
....., 19....., to *Sept 9*, 19*42*
that I last saw h..... alive on....., 19.....
and that death occurred on the date and hour stated above.

Immediate cause of death.....
Apoplexy
Due to.....
Due to.....

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

Major findings:
Of operations..... *g3a*
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 *W. H. Hurt* (M. D. or other)
Address *Warsaw* Date signed *9-17-42*

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

MOTHER FATHER

RECEIVED

District Health Officer No. 7,

District File Number 10-42-1028

Date Filed 10-2-42

STATEMENT BY LICENSED EMBALMER

1942

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

Jeff Luckey

Licensed Embalmer No. 12982

P. O. Address Wheatland 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.