

FILED JAN 17 1943

Registration District No. ....

Primary Registration District No. 2000

Registrar's No. 856

39  
2  
6  
WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County Green

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

(c) Name of hospital or institution:  
Springfield Baptist  
(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)

2. USUAL RESIDENCE OF DECEASED: 106

(a) State Missouri (b) County Taney

(c) City or town McClurg 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 Kenneth Berryman Campbell

3. (b) If veteran, name war No

3. (c) Social Security No. None

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 30  
year 1942 hour 3 minute 30 P.M.

4. Sex Male 5. Color or race White

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

6. (b) Name of husband or wife Edna V. Campbell

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

7. Birth date of deceased June 20 1888  
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Nov 30 1942 to Nov 30 1942  
that I last saw him alive on Nov 30 1942  
and that death occurred on the date and hour stated above,  
Immediate cause of death.....

8. AGE:  Years 54 Months 5 Days 10  
If less than one day hr. min.

Coronary occlusion

Due to.....

Due to.....

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

10. Usual occupation Farmer

Other conditions (Include pregnancy within 3 months of death) 94a

11. Industry or business.....

MOTHER FATHER { 12. Name Dr. W. Jefferson Campbell

13. Birthplace Unknown Missouri  
(City, town, or county) (State or foreign country)

14. Maiden name Selvana Lawrence

15. Birthplace Douglas County, Missouri  
(City, town, or county) (State or foreign country)

Major findings: 94a  
Of operations.....

Of autopsy.....

PHYSICIAN  
Underline the cause to which death should be charged statistically.

16. (a) Informant Edna V. Campbell

(b) Address McClurg, Missouri

17. (a) Burial (b) Date thereof 12-4-1942  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Campbell

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?.....

18. (a) Signature of funeral director Clinkingbeard Funeral Home  
(b) Address Ava, Missouri

19. (a) 12-10-42 (b) Dr. W. J. Lawrence  
(Date received local registrar) (Registrar's signature)

23. Signature W. H. Smith (M. D. or other)  
Address Springfield, Mo. Date signed Nov 30, 1942

82-117

**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..... *WB Hutchison* .....

Licensed Embalmer No. *3431* .....

P. O. Address..... *Ora 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.**

*V*