

FILED JAN 11 1943

Registration District No. 25.1

Primary Registration District No. 3048

Registrar's No. 186

1. PLACE OF DEATH

(a) County Nodaway

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

(c) Name of hospital or institution St. Francis O  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 31 yrs. (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Nodaway

(c) City or town Maryville  
(If outside city or town limits, write "RURAL")

(d) Street No. 575 W 8th St.  
(If rural, give location)

(e) Citizen of foreign country? 0 (Yes or No)  
If yes, name country .....

3. (a) PRINT FULL NAME William Edward Campbell

3. (b) If veteran, name war No

3. (c) Social Security No. No

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 17  
year 1942 hour 2 minute A M.

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

4. Sex M

5. Color or race Black

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

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

6. (c) Age of husband or wife if alive 59 years

7. Birth date of deceased Sept 29 1876  
(Month) (Day) (Year)

Immediate cause of death Uremia + Infection of Urinary Bladder + Prostate Cancer of Prostate

Due to 51 hr

Other conditions (include pregnancy within 3 months of death) 51 hr

8. AGE: Years 66 Months 2 Days 18 If less than one day 0 hr 0 min

9. Birthplace St. Louis Missouri  
(City, town, or county) (State or foreign country)

10. Usual occupation Custodian of Post Office

11. Industry or business

12. Name R. W. Edward Campbell

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

14. Maiden name Unknown

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

Major findings: Rectum of Median Bar of Prostate in St. Joseph, Mo. one month ago.

Of autopsy 0

PHYSICIAN 0  
Underline the cause to which death should be charged statistically.

16. (a) Informant Mammie Edna Campbell

(b) Address 575 W. 8th St. Maryville Mo

17. (a) Burial (b) Date thereof 12-20-42  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Oak Hill

18. (a) Signature of funeral director Campbell Funeral Home

(b) Address 957 South Main Maryville Mo

19. (a) Dec 19 1942 (b) Man Cole  
(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) (c) Means of injury .....

23. Signature W. R. Fisher (M. D. or other) 0

Address Maryville, Mo. Date signed 12-19-42

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

MOTHER FATHER

74  
2

91706

**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 William Campbell  
Licensed Embalmer No. 2620  
P. O. Address Marquette 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.**