No. 2
-9-4-41
5-17-39
X29484

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 5977

FILED MAR 8 1943

Registration District No. 253

Primary Registration District No. 3010

Registrar's No. 45

1. PLACE OF DEATH:

(a) County Cape Girardeau

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

(c) Name of hospital or institution: 227 rear S. Spanish / (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution -------- (Specify whether

In this community 33 years (years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Cape Girardeau 16

(c) City or town Cape Girardeau (If outside city or town limits, write "RURAL") 1

(d) Street No. 325 S. Spanish (If rural, give location) 4

(e) Citizen of foreign country? No (Yes or No)

If yes, name country ---------- 0

3. (a) PRINT FULL NAME Clem Campbelle

3. (b) If veteran, name war ----------

3. (c) Social Security No. 495-16-7296

4. Sex Male 2

5. Color or race Negro

6. (a) Single, widowed, married, divorced Widowed 2

6. (b) Name of husband or wife ----- ----------

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

7. Birth date of deceased December (unknown) 1867 (Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
75	2	--	..... hr. ..... min.

9. Birthplace (Unknown) Tennessee / (City, town, or county) (State or foreign country)

10. Usual occupation Laborer

11. Industry or business ----------

FATHER
12. Name Unknown
13. Birthplace " (City, town, or county) 9 (State or foreign country)

MOTHER
14. Maiden name "
15. Birthplace " (City, town, or county) 9 (State or foreign country)

16. (a) Informant Mrs. Salena Prince

(b) Address 227 rear S. Spanish St. Cape Gir. Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Feb. 4, 1943. (Month) (Day) (Year)

(c) Place: burial or cremation Fairmont Cemetery

18. (a) Signature of funeral director F. J. Sparks

(b) Address Cape Girardeau, Mo.

19. (a) 2-4-43 (Date received local registrar) (b) F. W. Phelps (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month February day 2 year 1943 hour 6 minute 30 P.M.

21. I hereby certify that I attended the deceased from 1-27 1943, to 2-2, 1943 that I last saw h..... alive on ....., 19.....; and that death occurred on the date and hour stated above.

Immediate cause of death Pneumonia (Lobar) — Duration

Due to

Due to

Other conditions (Include pregnancy within 3 months of death) 108

Major findings:
Of operations

Of autopsy

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? (Specify type of place)

While at work? (e) Means of injury

23. Signature A. Smith (M. D. or other) MD

Address Cape Girardeau Mo. Date signed 4/9/43

1014 (Licensed Embalmer's Statement on Reverse Side)

District Health Officer No. 4
District File Number 343-1895
Date Filed 3-8-43

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 Frank Sparks

Licensed Embalmer No. 3455

P. O. Address Cape Girardeau Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wit the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.