S. No. 2
M—2-43
5-17-39
FILED
JUL 10 1943

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 22090

Registration District No. 267 — Primary Registration District No. 5902 — Registrar's No. 35

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

78
0
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1. PLACE OF DEATH:
(a) County Pemiscot
(b) City or town Hayti Rural
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 1 Hayti Twp
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution ____ (Specify whether
In this community ____ years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Pemiscot
(c) City or town Hayti Route #1 (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 John Andrew Campbell

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

4. Sex Male 5. Color or race W 6. (a) Single, widowed, married, divorced 1

6. (b) Name of ~~husband or~~ wife Nellie Campbell 6. (c) Age of husband or wife if alive 40 years

7. Birth date of deceased October (Month) 31 (Day) 1897 (Year)

8. AGE: Years 46 Months 7 Days 26 If less than one day ____ hr. ____ min.

9. Birthplace Hoenwall (City, town, or county) Tenn. (State or foreign country)

10. Usual occupation Farming

11. Industry or business ____

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

MOTHER
14. Maiden name Martha McCann
15. Birthplace Unknown (City, town, or county) (State or foreign country)

16. (a) Informant Nellie Campbell
(b) Address Hayti, Mo. R#1

17. (a) ____ (Burial, cremation, or removal) (b) Date thereof ____ (Month) (Day) (Year)
(c) Place: burial ~~or cremation~~ Dyersburg, Tenn

18. (a) Signature of funeral director H. S. Smith
(b) Address Caruthersville Mo

19. (a) July 4-43 (Date received local registrar) (b) George Kinkhardt (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June 2 day 26 year 1943 hour 10 minute 0 M.

21. I hereby certify that I attended the deceased from ____, 19__, to ____, 19__; that I last saw h____ alive on ____, 19__; and that death occurred on the date and hour stated above.

Immediate cause of death Tuberculosis of throat. — Duration

Due to No recent medical attention

Due to ____

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

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 ____

Signature Jules V. Moore Coroner (M. D. or other)
Address Hayti Mo Date signed 6/26/43

1327

(Licensed Embalmer's Statement on Reverse Side)

6-43-225

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 H. J. Smith

Licensed Embalmer No. 3700

P. O. Address.....

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.