

FILED OCT 21 1943  
Registration District No. 328

Primary Registration District No. 3073

Registrar's No. 17

1. PLACE OF DEATH:

(a) County Scott  
(b) City or town Chaffee  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether  
In this community 31 years (Specify whether  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County Scott <sup>100</sup>  
(c) City or town Chaffee <sup>1</sup>  
(If outside city or town limits, write "RURAL")  
(d) Street No. \_\_\_\_\_ (If rural, give location)  
(e) Citizen of foreign country? No (Yes or No)  
If yes, name country. 0

3. (a) PRINT FULL NAME Willie Essie Campbell

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

4. Sex female 5. Color or race white  
6. (b) Name of husband or wife Wm. E. Campbell 6. (c) Age of husband or wife if  
alive 64 years  
7. Birth date of deceased Dec 11 1888  
(Month) (Day) (Year)

8. AGE: Years 54 Months 8 Days 25 If less than one day  
hr. \_\_\_\_\_ min. \_\_\_\_\_

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

10. Usual occupation Housewife

11. Industry or business \_\_\_\_\_

12. Name Sam Kyle

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

14. Maiden name Mary Combs

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

16. (a) Informant W E Campbell

(b) Address Chaffee Mo

17. (a) Burial (b) Date thereof 9-8-43  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Memorial Park Cape Co Mo

18. (a) Signature of funeral director Bisplinghoff Hubbard

(b) Address Chaffee Mo

19. (a) 9-7-43 (b) Christa Ware  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 6th.  
year 1943 hour 12 minute 30 A.M.

21. I hereby certify that I attended the deceased from Jan 1943 to Sept 6 1943  
that I last saw her alive on Sept 6 1943  
and that death occurred on the date and hour stated above.

Immediate cause of death Endocarditis Duration 8 mo  
Chronic Myocarditis  
Cardiac Hypertrophy

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Major findings: \_\_\_\_\_  
Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

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. Signatures W E Campbell (M. D.)  
Chaffee Mo Date signed 9-7-43

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

MOTHER FATHER

1325

RECEIVED

District Health Office No. 2,

District File Number 1043-1380

Date Filed 10-15-13

**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.....

*Mamie B. Basinghoff*

Licensed Embalmer No. ....

*3242*

P. O. Address.....

*Chaffee 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.**