S. No. 2
M—5-42
5-17-39
I X32873

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 43121

FILED DEC 17 1943

Registration District No. 7

Primary Registration District No. 5804

Registrar's No. 132

1. PLACE OF DEATH:

(a) County: MONROE

(b) City or town: RURAL - JACKSON - TWP. (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 8 MI. S. OF PARIS (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)

In this community: 67 YRS

2. USUAL RESIDENCE OF DECEASED:

(a) State: MO. (b) County: MONROE

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

(d) Street No.: 8 MI. S. OF PARIS (If rural, give location)

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

If yes, name country: ✓

3. (a) PRINT FULL NAME: ELIZABETH JANE FOREE

3. (b) If veteran, name war: ✓

3. (c) Social Security No.: ✓

4. Sex: FEMALE

5. Color or race: WHITE

6. (a) Single, widowed, married, divorced: WIDOWED

6. (b) Name of husband or wife: JAMES FOREE

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

7. Birth date of deceased: AUG. (Month) 22 (Day) 1852 (Year)

8. AGE: Years 91 Months 2 Days 10 If less than one day ..... hr. ..... min.

9. Birthplace: MONROE CO. (City, town, or county) MO. (State or foreign country)

10. Usual occupation: AT HOME

11. Industry or business: ~~ROLLA CAMPLIN~~

FATHER

12. Name: ROLLA CAMPLIN

13. Birthplace: N.K. (City, town, or county) ? (State or foreign country)

MOTHER

14. Maiden name: ELIZA MONDAY

15. Birthplace: N.K. (City, town, or county) ? (State or foreign country)

16. (a) Informant: L. Chilton Foree

(b) Address: PARIS, MO

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

(c) Place: burial or cremation: WALNUT GROVE

18. (a) Signature of funeral director: Speed & Blakey

(b) Address: PARIS, MO

19. (a) 11-2-43 (Date received local registrar) (b) Hayne Gaston (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month NOV. day 2 year 1943 hour 7 minute 30 A.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.

	Duration
Immediate cause of death: unknown	
Due to: infirmities of old age	2 mos
Due to:	
Other conditions (Include pregnancy within 3 months of death):	
Major findings: Of operations:	
Of autopsy:	

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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: F. R. Turner Coroner

Address: Madison, Mo. Date signed 11-2-43

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 10
District File Number 12-43-1987
Date Filed DEC 15 1943

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 A. G. Blakey

Licensed Embalmer No. 2616

P. O. Address PARIS, 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.