

No. 2
1-2-43
5-17-39
I X35897

FILED SEP 8 1944

State File No.

Registration District No. 15

Primary Registration District No. 4154

Registrar's No. 51

1. PLACE OF DEATH:

(a) County Madison
(b) City or town Greenfield
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution Mulligan's Old Folks Home
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 3 yrs
(Specify whether
In this community
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Madison
(c) City or town Greenfield Mo
(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.

3. (a) PRINT FULL NAME James Riley Campbell

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

4. Sex M 5. Color or Race W 6. (a) Single, widowed, married, divorced Single

6. (b) Name of husband or wife 6. (c) Age of husband or wife if alive 19 yrs

7. Birth date of deceased 10 15 1872
(Month) (Day) (Year)

8. AGE: Years 71 Months 10 Days 13 If less than one day hr. min.

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

10. Usual occupation Farmer

11. Industry or business

12. Name Grace Campbell

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

14. Maiden name Mandy McManis

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

16. (a) Informant Cordis Country

(b) Address Greenfield Mo

17. (a) Burial (b) Date thereof 8 21 44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Pleasant Grove

18. (a) Signature of funeral director Harrison

(b) Address Greenfield Mo
(Date received local registrar) (c) Phyllis Lack (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug day 28 year 1944 hour minute M.

21. I hereby certify that I attended the deceased from July 2 1944 to Aug 28 1944 that I last saw him alive on Aug 21 1944 and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Hemorrhage

Due to Atherosclerosis several

Due to

Other conditions (include pregnancy within 3 months of death) 83a

Major findings: Of operations. Of autopsy.

Duration 28 44
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? At home

While at work (Specify type of place) (e) Means of injury

23. Signature St. James Corcoran (M.D. or other)

Address Greenfield Mo Date signed 8/28/44

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

RECEIVED

District Health Officer No. 8,

District File Number 944-994

Date Filed SEP 6 1944

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.....

Wm R. Allison

Registered Apprentice No. *366*

working under my personal supervision.

Signed.....

R. L. Hanschick

Licensed Embalmer No. *3237*

P. O. Address.....

Lakewood, 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.