

S. No. 2  
DM-8-13  
v. 5-17-39  
X37823

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS  
**FILED APR 15 1945**

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

*Kampfe*  
State File No. **3010**

Registration District No. **38** Primary Registration District No. **3006** Registrar's No. **69**

1. PLACE OF DEATH:  
(a) County **Boone**  
(b) City or town **Columbia**  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: **117 West Oak St. 1**  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether)  
In this community **about 20 years** (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:  
(a) State **Missouri** (b) County **Boone**  
(c) City or town **Columbia** (If outside city or town limits, write "RURAL")  
(d) Street No. **117 W. Oak St. 2** (If rural, give location)  
(e) Citizen of foreign country? **No. 0** (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME **WILLIAM SALISBURY**  
(b) If veteran, name war \_\_\_\_\_ (c) Social Security No. \_\_\_\_\_

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month **March** day **14** year **1945** hour **5** minute **3** P.M.

4. Sex **Male** 5. Color or race **negro** 6. (a) Single, widowed, married, divorced **married**  
(b) Name of husband or wife **Clara Salisbury** 6. (c) Age of husband or wife if alive **66** years  
7. Birth date of deceased **about 1880** (Month) (Day) (Year)

21. I hereby certify that I attended the deceased from **October 1st, 1944** to **March 8, 1945**  
that I last saw him alive on **March 8, 1945** and that death occurred on the date and hour stated above.

8. AGE: Years **about 65** Months **-** Days **-** If less than one day hr. min.

Immediate cause of death **Silicosis of lungs & Pneumonia** Duration **2 years**  
Due to \_\_\_\_\_  
Due to \_\_\_\_\_

9. Birthplace **Randolph Co. Mo. A** (City, town, or county) (State or foreign country)

Other conditions (Include pregnancy within 3 months of death)  
Major findings: **114**

10. Usual occupation **Coal miner**  
11. Industry or business **Coal mine**

PHYSICIAN  
Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_  
Underline the cause to which death should be charged statistically.

MOTHER FATHER  
12. Name **Unknown**  
13. Birthplace \_\_\_\_\_ (City, town, or county) (State or foreign country)  
14. Maiden name **Unknown**  
15. Birthplace \_\_\_\_\_ (City, town, or county) (State or foreign country)

16. (a) Informant **Clara Salisbury**  
(b) Address **Columbia Mo.**  
17. (a) **Burial** (b) Date thereof **3-17-1945** (Month) (Day) (Year)  
(c) Place: burial or cremation **Calvary Cemetery**

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? \_\_\_\_\_

18. (a) Signature of funeral director **Stuart P. Parker**  
(b) Address **Columbia Missouri**  
19. (a) **3-22-45** (b) **Clara H. Burk** (Registrar's signature)

While at work? \_\_\_\_\_ (Specify type of place)  
(e) Means of injury **5**  
23. Signature **W. Kampfe** (M. D. or other)  
Address **Columbia, Mo.** Date signed **3-19-45**

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

0  
2  
4

RECEIVED

District Health Officer No. 9,

District File Number.....

Date Filed 4-12-45

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 Stuart P. Parker

Licensed Embalmer No. 2900

P. O. Address Columbia, 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.