

FILED AUG 14 1945

Registration District No. 297

Primary Registration District No. 6022

State File No.

Registrar's No. 51

1. PLACE OF DEATH:

(a) County... Ray
(b) City or town... Rayville, Mo.
(c) Name of hospital or institution: None
(d) Length of stay: In hospital or institution. None
In this community. None 4 yrs.

2. USUAL RESIDENCE OF DECEASED:

(a) State... Mo. (b) County... Ray
(c) City or town... Rayville, Mo.
(d) Street No... RURAL
(e) Citizen of foreign country? No
If yes, name country... U.S.A.

3. (a) PRINT FULL NAME TEDDY R. CAMPBELL

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

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

6. (b) Name of husband or wife Ella Campbell Alive 6. (c) Age of husband or wife if alive. years

7. Birth date of deceased. Dec. 31 st. 1903.

8. AGE: Years 41 Months 7 Days 3

9. Birthplace Knoxville, Mo.

10. Usual occupation Farmer

11. Industry or business P.C. CAMPBELL

12. Name P.C. CAMPBELL

13. Birthplace Ray Co. Mo.

14. Maiden name Gertrude Bush

15. Birthplace Ray Co. Mo.

16. (a) Informant Julia Campbelle (b) Address Knoxville, Mo.

17. (a) Burial (b) Date thereof 8-6-45

18. (a) Signature of funeral director J. H. H.

(b) Address Richmond, Mo.

19. (a) Aug 4 1945 (b) Mrs. Sharrill Shippard

MEDICAL CERTIFICATION

20. DATE OF DEATH Aug. 3 1945. Month 10 day 3. year 1945. hour 10 minute A. M.

21. I hereby certify that I attended the deceased from 19... to 19... that I last saw him alive on 19... and that death occurred on the date and hour stated above.

Immediate cause of death asphyxiated by smoke. It happened in a barn near Knoxville Mo. He was trying to remove some of the contents from a burning barn, and was over come by other conditions smoke.

Major findings: Of operations: Of autopsy: 182-2 19

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following: 89

(a) Accident, suicide, or homicide (specify) 89

(b) Date of occurrence Aug. 3, 1945

(c) Where did injury occur? Rural Ray Mo

(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 3

23. Signature J. F. Baber, Ray Co. Coroner

Address Richmond Mo Date signed 8/4/45

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

RECEIVED

District Health Officer No. 8,

District File Number

Date Filed

8-13-42

NO
OI

DEC 29 1942

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

working under my personal supervision.

Registered Apprentice No. _____
Brothers - Quest Funeral Home

Signed *James A. Quest*

Licensed Embalmer No. 4096

P. O. Address Richmond, Missouri.

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.