

No. 2
4-5-43
5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 30963

FILED OCT 9 1945
Registration District No. 207

Primary Registration District No. 4319

Registrar's No. 108

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

1. PLACE OF DEATH:

(a) County Maries

(b) City or town Belle Mo.
(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 Life years, months or days (Specify whether)

3. (a) PRINT FULL NAME Wallace Henderson Campbell

3. (b) If veteran, name war _____ 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 Lucy (Mahaney) Campbell 6. (c) Age of husband or wife if alive 75 years

7. Birth date of deceased Jan 3 1868
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

77 8 26 hr. min.

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

10. Usual occupation Farmer

11. Industry or business _____

MOTHER FATHER

12. Name Morris Campbell

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

14. Maiden name Mary Ann Crane

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

16. (a) Informant Burgess Campbell
(b) Address Belle Mo

17. (a) Burial (b) Date thereof 10-1-45
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Liberty Cemetery

18. (a) Signature of funeral director Clyde Morton
(b) Address Linn Mo.

19. (a) 10/1/45 (b) Pauline Tower
(Date received local registrar) (Registrar's signature)

1026

(Licensed Embalmer's Statement on Reverse Side)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Maries

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

(d) Street No. 0
(If rural, give location)

(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 9 day 29
year 1945 hour 4 minute 00 p. M.

21. I hereby certify that I attended the deceased from Jan 1 1944 to Sept 29 1945
that I last saw him alive on Sept 29 1945
and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Myocarditis

Duration _____

Due to _____

Due to _____

Other conditions _____
(Include pregnancy within 3 months of death)

Major findings: Of operations no

Of autopsy no

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? _____ Means of injury _____

23. Signature W. J. Jones (M. D. or other) _____
Address Belle Mo Date signed 10/1/45

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 Vernon M. Morton
Licensed Embalmer No. 4125
P.O. Address Linn, 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.