No. 2
2-45
17-39
X-7070

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED OCT 9 1946

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 30855

Registration District No. 383 Primary Registration District No. 5655 Registrar's No. 145

1. PLACE OF DEATH:

(a) County Lawrence
(b) City or town Mount Vernon Twp
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Missouri State Sanatorium
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 136 days (Specify whether
In this community 136 days
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Oregon
(c) City or town Koshkonong
(If outside city or town limits, write "RURAL")
(d) Street No. R. F. D. 2
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME William Earl Campbell

3. (b) If veteran, name war no

3. (c) Social Security No. 431-38-4872

4. Sex Male

5. Color or race White

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Vida Ehrhardt Campbell

6. (c) Age of husband or wife if alive 21 years

7. Birth date of deceased January (Month) 14 (Day) 1921 (Year)

8. AGE:

Years	Months	Days	If less than one day
25	8	9	hr. min.

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

10. Usual occupation Shoe repairman

11. Industry or business

FATHER
12. Name Allen A. Campbell
13. Birthplace Ashley (City, town, or county) Miss. (State or foreign country)

MOTHER
14. Maiden name Gertrude Reed
15. Birthplace DeKalb (City, town, or county) Texas (State or foreign country)

16. (a) Informant Ethel McMichael, Record Clerk
(b) Address Mo. State San, Mount Vernon, Mo.

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 9-23-46 (Month) (Day) (Year)
(c) Place: burial or cremation Removal Thayer Mo

18. (a) Signature of funeral director Geo B Orr
(b) Address Mt Vernon Mo

19. (a) 9/23/46 (Date received local registrar) (b) C R Philbrick (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 23
year 1946 hour 1 minute 55 P.M.

21. I hereby certify that I attended the deceased from May 11, 1946, to Sept. 23, 1946; that I last saw him alive on Sept. 23, 1946; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Generalized miliary tuberculosis	Abt. 3 wk
Due to Pulmonary Tuberculosis	Abt. 2½ yrs
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

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 C. A. Brasher M.D. (M.D. or other)
Address Mo. State San, Mount Vernon, Mo. Date signed 9-23-46

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(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 6,
District File Number 1046-1037
Date Filed OCT 8 - 1946

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 Geo B Orr

Licensed Embalmer No. 946

P. O. Address Mt Vernon Ill

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.