

No. 2
1-5-43
5-17-39
I X36871

FILED NOV 14 1946
Registration District No. 285

Primary Registration District No. 5878

State File No.

Registrar's No.

1. PLACE OF DEATH:

(a) County Oregon

(b) City or town Greer
(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 Lifetime
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Oregon 75

(c) City or town Greer 0
(If outside city or town limits, write "RURAL") 0

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

(e) Citizen of foreign country? _____ (Yes or No)

If yes, name country _____

MEDICAL CERTIFICATION

3. (a) PRINT FULL NAME Milbery M. Campbell

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

20. DATE OF DEATH: Month Sept. day 1
year 1946 hour 1 minute 50 P. M.

4. Sex Female / 5. Color or race White

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

6. (b) Name of husband or wife J. E. Campbell 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased July 18 1866
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Aug 14 1946 to Aug 14 1946
that I last saw him alive on Aug 14 1946
and that death occurred on the date and hour stated above.

Immediate cause of death Cardiac embolism Dissection

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

80	1	13	hr. _____ min. _____
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Due to Dissection of the pancreas

Due to Failure

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

Other conditions Severe atherosclerosis
(Include pregnancy within 3 months of death)

10. Usual occupation Domestic

11. Industry or business _____

Major findings: _____

Of operations _____

Of autopsy None

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

12. Name Ira Hall

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

14. Maiden name Liza Williams

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

16. (a) Informant Eliza Bell

(b) Address Alton, Mo.

17. (a) Burial (b) Date thereof 9/2/46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation De Hall 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 Delant Carter

(b) Address Thayer, Mo.

While at work? _____ (Specify type of place)

(c) Means of injury _____

19. (a) 10-16-46 (b) Melroe Johnson
(Date received local registrar) (Registrar's signature)

23. Signature Mitchell Blaine (M. D. issuing)
Address Hammond, Oregon

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

MOTHER FATHER

RECEIVED

District Health Officer No. 5,

District File Number. 1146608

Date Filed 11-13-46

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.....

Licensed Embalmer No.....

P. O. Address.....

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.