

U. S. No. 2
FORM-5-43
Rev. 5-17-39
I X36671

39836

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. _____

FILED JAN 14 1947
Registration District No. 53

Primary Registration District No. 3010

Registrar's No. 450

1. PLACE OF DEATH:
 (a) County Cape Girardeau
 (b) City or town Cape Girardeau
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
328 N. Frederick St.
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 7 days
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
 (a) State Missouri (b) County Cape Girardeau
 (c) City or town Cape Girardeau
(If outside city or town limits, write "RURAL")
 (d) Street No. 328 N. Frederick St.
(If rural, give location)
 (e) Citizen of foreign country? No
(Yes or No)
 If yes, name country No

3. (a) PRINT FULL NAME Ellis Francis Campbell

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

4. Sex Boy 5. Color or race Negro 6. (a) Single, widowed, married, divorced _____

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

7. Birth date of deceased December 24, 1946
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
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9. Birthplace Cape Girardeau, Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation _____

11. Industry or business _____

12. Name Guy Campbell

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

14. Maiden name Laura Mae Jones
(City, town, or county) (State or foreign country)

15. Birthplace Cape Girardeau, Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Laura Mae Campbell

(b) Address 328 N. Frederick St., Cape Girardeau

17. (a) Burial (b) Date thereof Dec. 31, 1946
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Fairmont, Cemetery

18. (a) Signature of funeral director F. J. Sparks
(b) Address Cape Girardeau, Missouri

19. (a) 1-6-1947 (b) E. C. Summers
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month December day 31
year 1946 hour 4:00 minute A. M.

21. I hereby certify that I attended the deceased from Dec 24, 1946
to Dec 31, 1946
that I last saw her alive on Dec 30, 1946
and that death occurred on the date and hour stated above.

Immediate cause of death PREMATURE INFANT
7 month Gestation
 Due to _____
 Due to _____

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

Major findings: 159
 Of operations _____
 Of autopsy none

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

(a) Accident, suicide, or homicide (specify) _____
 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?

While at work? _____ (Specify type of place) (c) Means of injury _____

23. Signature Edward D. Campbell (M. D. or other) _____
Address Cape Girardeau, Mo Date signed 12-31-1946

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

38650

44

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED

Officer No. 4
147-63
1-13-47

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.