

FILED DEC 28 1946

Registration District No. **209**

Primary Registration District No. **3043**

Registrar's No. **393**

1. PLACE OF DEATH:

(a) County **MARION**

(b) City or town **HANNIBAL - MO.**
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: **ST. ELIZABETH HOSPITAL**
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution **27 DAYS.**
(Specify whether years, months or days)

In this community (Specify whether years, months or days)

3. (a) PRINT FULL NAME **SIVA-ETHEL-CAMPBELL**

3. (b) If veteran, name war

3. (c) Social Security No. **NONE**

4. Sex **FEMALE** 5. Color or race **WHITE** 6. (a) Single, widowed, married, divorced **MARRIED**

6. (b) Name of husband or wife **BARNBY-CAMPBELL** 6. (c) Age of husband or wife if alive **73** years

7. Birth date of deceased **AUG-24-1887**
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	59	3	11	hr. min.

9. Birthplace **PIKE, CO. MO.**
(City, town, or county) (State or foreign country)

10. Usual occupation **HOUSEWIFE**

11. Industry or business **HOME**

12. Name **JOHN-W-GAY**

13. Birthplace **PAYSON ILL.**
(City, town, or county) (State or foreign country)

14. Maiden name **ELIZABETH-ANDERSON**

15. Birthplace **UNKNOWN ILL.**
(City, town, or county) (State or foreign country)

16. (a) Informant **my many in-law!**

(b) Address **NEW LONDON - MO.**

17. (a) **BURIAL** (b) Date thereof **12/5/46**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **PRIVATE-CEMETERY CENTER-MO.**

18. (a) Signature of funeral director **Clyde Wiley**

(b) Address **CENTER MO.**

19. (a) **12-9-46** (b) **St E M Lucke**
(Date received local registrar) (Registrar's Signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **MISSOURI** (b) County **RALLS. 87**

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

(d) Street No. **CENTER-MO. R.F.D.**
(If rural, give location)

(e) Citizen of foreign country? **NO** (Yes or No)

If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Dec** day **5** year **1946** hour **12:30** minute **P.** M.

21. I hereby certify that I attended the deceased from **11-10** 1946, to **12-5** 1946; that I last saw **her** alive on **12-5** 1946; and that death occurred on the date and hour stated above.

Immediate cause of death **Bronchopneumonia** Duration **1 week.**

Due to **Cerebral Hemorrhage** **20 days**

Due to **Left & Right Hemiplegia**

Due to **Hypertension** **? years**

Essential

Other conditions **Diabetes Mellitus**
(Include pregnancy within 3 months of death)

Major findings: Of operations **61**

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?

23. Signature **Shirley New** (M. D. or other) **MD**

Address **HANNIBAL-MO** Date signed **12/6/46**

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

40142

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

Clydel Wilkey

Licensed Embalmer No.

3820

P. O. Address:

Perry 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.