

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

1599

State File No. ....

FILED FEB 5 1947  
Registration District No. 144

Primary Registration District No. 3032

Registrar's No. 6

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

1. PLACE OF DEATH:

(a) County Johnson

(b) City or town Warrensburg  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:  
209 E Market  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution no  
(Specify whether years, months or days)

In this community 54 Yrs

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3. (a) PRINT FULL NAME Lydia Huff Campbell

3. (b) If veteran, name war no

3. (c) Social Security No. no

4. Sex <u>Female</u>	5. Color or race <u>White</u>	6. (a) Single, widowed, married, divorced <u>Widowed</u>
6. (b) Name of husband or wife <u>R. L. Campbell</u>	6. (c) Age of husband or wife if alive <u>Deceased</u> years	
7. Birth date of deceased <u>Dec. 29 1857</u> <small>(Month) (Day) (Year)</small>		

8. AGE:	Years	Months	Days	If less than one day
	<u>89</u>	<u>0</u>	<u>24</u>	hr. min.

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

10. Usual occupation House Wife

11. Industry or business

12. Name Willis Warren Huff

13. Birthplace Not Known  
(City, town, or county) (State or foreign country)

14. Maiden name Martha Ellen Huff

15. Birthplace Not known  
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Harry Garrison

(b) Address 209 E Market Warrensburg

17. (a) Burial  
(Burial, cremation, or removal)

(b) Date thereof 1-19-47  
(Month) (Day) (Year)

(c) Place: burial or cremation Sunset Hill

18. (a) Signature of funeral director Sweeney Phillips

(b) Address Warrensburg Mo.

19. (a) Jan. 22, 1947  
(Date received local registrar)

(b) Savannah Crest  
(Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Johnson

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

(d) Street No. 209 E Market  
(If rural, give location)

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

If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 19  
year 1947 hour 8 minute 30 A. M.

21. I hereby certify that I attended the deceased from Jan 20, 1947 to Jan 19, 1947  
that I last saw him alive on Jan 19, 1947  
and that death occurred on the date and hour stated above.

Immediate cause of death uremia  
Diabetes  
20 yrs

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

Major findings:  
Of operations 61

Of autopsy none

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 Wm R Patterson (M. D. or other)  
Address Warrensburg Mo Date signed 1-20-47

MOTHER FATHER

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**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..... *J. Earl Priest* .....

..... Licensed Embalmer No. **3878** .....

P. O. Address..... **Warrensburg 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.**