

S. No. 2
OM-5-43
v. 5-17-39
I X36571

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 12796

FILED APR 21 1947

Registration District No. 108

Primary Registration District No. 4119

Registrar's No. 213

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

1. PLACE OF DEATH:

(a) County Christian

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

(c) Name of hospital or institution:
Revelance 1
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____ (Specify whether)

In this community 2 yrs
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Christian

(c) City or town Ozark Mo.
(If outside city or town limits, write "RURAL")

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

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

If yes, name country No

3. (a) PRINT FULL NAME Charles E. Campbell

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb, day 26
year 1947 hour 1 minute 10 P.M.

21. I hereby certify that I attended the deceased from 24 Feb, 1947, to 26 Feb, 1947;
that I last saw him alive on 26 Feb, 1947;
and that death occurred on the date and hour stated above.

4. Sex Male 5. Color or race W.

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

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

7. Birth date of deceased Sept 14 1896
(Month) (Day) (Year)

Immediate cause of death Cerebral hemorrhage - massive (apoplexy)

Duration 2 days

8. AGE: Years 70 Months 5 Days 11 If less than one day hr. min.

Due to _____

Due to _____

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

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

10. Usual occupation Farmer

Major findings:
Of operations _____

Of autopsy 43 P

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

MOTHER, FATHER

11. Industry or business _____

12. Name James Campbell

13. Birthplace Don't know
(City, town, county) (State or foreign country)

14. Maiden name Don't know

15. Birthplace Don't know
(City, town, or county) (State or foreign country)

16. (a) Informant John Campbell

(b) Address Ozark Mo.

17. (a) Burial (b) Date thereof March 12 1947
(Burial, cremation, or other) (Month) (Day) (Year)

(c) Place: burial or cremation Linden Cemetery

18. (a) Signature of funeral director T. B. Chaffin

(b) Address Ozark Mo.

19. (a) Apr 10 1947 (b) Willa M. Leonard
(Date received local registrar) (Registrar's signature)

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? _____

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

23. Signature Ed Greer (M. D. or other) MD

Address Ozark, Mo. Date signed 28 Feb 47

RECEIVED

District Health Officer No. 6;

District File Number 447-420

Date Filed APR 16 1947

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 T. B. Chaffin

Licensed Embalmer No. 2192

P. O. Address Ozark 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.