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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

20551

State File No.

FILED JUN 24 1947

Registration District No. 128

Primary Registration District No. 2000

Registrar's No. 485

1. PLACE OF DEATH:

(a) County Greene
(b) City or town Springfield
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Springfield Baptist Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution..... (Specify whether
In this community..... (Specify whether
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Wright 114
(c) City or town Macomb 0
(If outside city or town limits, write "RURAL") 0
(d) Street No. (If rural, give location) 1
(e) Citizen of foreign country? No (Yes or No)
If yes, name country.....

3. (a) PRINT FULL NAME JOHN WESLEY CAMPBELL

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

4. Sex Male 5. Color or race White
6. (a) Single, widowed, married, divorced, widowed
6. (b) Name of husband or wife Armintee Campbell
6. (c) Age of husband or wife if alive..... years
7. Birth date of deceased November 8, 1877
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
69 7 00 ..hr. min.

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

10. Usual occupation Farmer

11. Industry or business Agriculture

12. Name J. A. Campbell

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

14. Maiden name Rachel Mooneyham

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

16. (a) Informant Rachael Ailene Davidson

(b) Address St. Louis, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof June 10, 47
(Month) (Day) (Year)

(c) Place: burial or cremation Patterson Cemetery

18. (a) Signature of the deceased Alma Lohmeyer Funeral Home
(b) Address Springfield, Missouri

19. (a) 6-10-47 (Date received local registrar) (b) W E Handley (Registrar's signature) 111

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 8
year 1947 hour 9 minute 45 A.M.

21. I hereby certify that I attended the deceased from May 24, 1947, to June 8, 1947;
that I last saw him alive on June 7, 1947;
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral thrombosis Duration 17 days

Due to Arteriosclerosis

Due to Arteriosclerotic Heart Disease

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

Major findings: Of operations none

Of autopsy none
(no autopsy performed)

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 R. Wendell Stewart (M. D. or other) M.D.
Address 806 Woodruff Springfield Mo Date signed 10 June 47

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

9
2
6

Widdell Stewart
Woodroff Bldg

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.....

Lee Mason, Registered Apprentice No. *477*
working under my personal supervision.

Signed *Jewell E. Kudd*

Licensed Embalmer No. *7831*

P. O. Address *Springfield 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.