

S. No. 2  
DM-5-43  
v. 5-17-39  
I X36671

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

Dr. Hampton 33495  
State File No. \_\_\_\_\_  
Registrar's No. \_\_\_\_\_

FILED OCT 3 1947

Registration District No. 355

Primary Registration District No. 4520

Registrar's No. \_\_\_\_\_

1. PLACE OF DEATH:  
(a) County Texas  
(b) City or town Summersville  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
none 3  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether)  
In this community 3 days  
years, months or days

2. USUAL RESIDENCE OF DECEASED:  
(a) State California (b) County Los Angeles 999  
(c) City or town Bellflower 4  
(If outside city or town limits, write "RURAL")  
(d) Street No. 340 E. Artesia St. 0  
(If rural, give location) 2  
(e) Citizen of foreign country? no (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Burley Eudell Campbell  
3. (b) If veteran, name war world war I 3. (c) Social Security No. \_\_\_\_\_

4. Sex M 5. Color or race W  
6. (a) Single, widowed, married, divorced married  
6. (b) Name of husband or wife Dorothy Campbell  
6. (c) Age of husband or wife if alive 44 years  
7. Birth date of deceased July 13 1893  
(Month) (Day) (Year)

8. AGE: Years 54 Months 1 Days 12  
If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace Dent Co. Mo.  
(City, town, or county) (State or foreign country)

10. Usual occupation Truck Driver

11. Industry or business \_\_\_\_\_

MOTHER FATHER

12. Name William Campbell  
13. Birthplace Salem Mo.  
(City, town, or county) (State or foreign country)  
14. Maiden name Annie Hewitt  
15. Birthplace Salem Mo.  
(City, town, or county) (State or foreign country)

16. (a) Informant Dorothy Campbell  
(b) Address Bellflower Calif.

17. (a) Burial (b) Date thereof \_\_\_\_\_  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Bethyl Cemetery

18. (a) Signature of funeral director Duncan Funeral Home  
(b) Address Mountain View, Mo.

19. (a) Sept 23 - 1947 (b) Mrs C E murphy  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug day 25  
year 1947 hour 1 minute 30 A.M.

21. I hereby certify that I attended the deceased from Aug 25 1947 to Aug 23 1947  
that I last saw \_\_\_\_\_ alive on \_\_\_\_\_ 19\_\_\_\_  
and that death occurred on the date and hour stated above.

Immediate cause of death Pulmonary Hemorrhage  
Tuberculosis of lungs  
Due to \_\_\_\_\_  
Due to \_\_\_\_\_

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Major findings: 13 B  
Of operations \_\_\_\_\_  
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?

While at work? \_\_\_\_\_ (Specify type of place) (e) Means of injury 2

23. Signature Louise Hampton (M. D. or other) Dr  
Address Summersville Date signed Sept 4

(Licensed Embalmer's Statement on Reverse Side)

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

10-2-16-7  
720 Sub T

RECEIVED

District Health Officer No. 5,

District File No. 1047544

Date Filed 10-1-47

OCT - 7 1947

OCT 6 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.....

Licensed Embalmer No. 325

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.