

No. 2
12-45
-17-39
X47070

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED DEC 15 1947

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **37105**
Registrar's No. **1443**

Registration District No. **42**
Primary Registration District No. **1000**

1. PLACE OF DEATH:
(a) County **Wagoner**
(b) City or town **St Joseph**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: **State Hospital # 2**
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **8 yrs - 3 mos - 22 days**
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State **Mo** (b) County **Safayette**
(c) City or town **Rural**
(If outside city or town limits, write "RURAL")
(d) Street No. **Knobnoster**
(If rural, give location)
(e) Citizen of foreign country? **No** (Yes or No)
If yes, name country **0**

3. (a) PRINT FULL NAME **Mattie E. Campbell**
3. (b) If veteran, name war **no**
3. (c) Social Security No. **no**

4. Sex **Female** **5. Color or race** **White**
6. (a) Single, widowed, married **2 divorced**
6. (b) Name of husband or wife **Ed Campbell**
6. (c) Age of husband or wife if alive **deceased**
7. Birth date of deceased **1860 23 June**
(Day) (Month) (Year)

8. AGE: Years **87** Months **5** Days **10** If less than one day hr. min.

9. Birthplace: **unk. Missouri**
(City, town, or county) (State or foreign country)

10. Usual occupation **Housewife**

11. Industry or business **at home**

12. Name **Mrs C Davis**

13. Birthplace **unk. Mo**
(City, town, or county) (State or foreign country)

14. Maiden name **William J. Davis**

15. Birthplace **unk. Mo**
(City, town, or county) (State or foreign country)

16. (a) Informant **Ed Campbell**

(b) Address **Knobnoster Mo**

17. (a) (Burial, cremation, or removal) **burial** **(b) Date thereof** **12/4/47**
(Month) (Day) (Year)
(c) Place: burial or cremation **Odessa, Mo.**

18. (a) Signature of funeral director **Norton Bauman**

(b) Address **St Joseph, Mo**

19. (a) (Date received local registrar) **12-5-47** **(b) (Registrar's signature)** **E. H. Jenkins**

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month **12** day **3**
year **1947** hour **7** minute **40 P** M.
21. I hereby certify that I attended the deceased from **Jan 1947**
1947 to **12-3** 1947
that I last saw her alive on **12-3** 1947
and that death occurred on the date and hour stated above.

Immediate cause of death **hypotensive pneumonoid left lung**
Duration **1 wk**

Due to
Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
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) **0**
(e) Means of injury **0**

23. Signature **E. H. Jenkins** (M.D. or D.V.M.)
Address **State Hospital # 7** **Date signed** **12/3/47**

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

MOTHER FATHER

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.....

Jameal Hawkins

....., Registered Apprentice No. 27

working under my personal supervision.

Signed *Eugene Wood*

Licensed Embalmer No. 3804

P. O. Address 319 5th St. Joseph, 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.