

No. 2  
-1/47  
5-17-39

42765

FEDERAL SECURITY AGENCY

MISSOURI DIVISION OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. ....

FILED DEC 16 1947

Registration District No. 316

Primary Registration District No. 3059

Registrar's No. 387

1. PLACE OF DEATH:

(a) County St. Francois

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

(c) Name of hospital or institution: Grave St.  
(If not in hospital or institution, write street number or location)

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

In this community.....  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Francois

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

(d) Street No. Grave St.  
(If rural, give location)

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

If yes, name country.....

3. (a) PRINT FULL NAME MCKENZIE CAMPBELL

3. (b) If veteran,  name war.....

3. (c) Social Security No. UNKNOWN

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 27th  
year 1947 hour 9 minute 30 P. M.

21. I hereby certify that I attended the deceased from October 28 1947 to Nov. 27 1947  
that I last saw him alive on Nov. 27 1947  
and that death occurred on the date and hour stated above.

4. Sex Mo 5. Color or race W

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

6. (b) Name of husband or wife Viola Rindell Campbell

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

7. Birth date of deceased: Oct 22 1868  
(Month) (Day) (Year)

Immediate cause of death Coronary thrombosis

Due to.....

Due to Rheumatic heart disease

Other conditions with valvular involvement

(Include pregnancy within 3 months of death)

8. AGE: Years 79 Months 1 Days 5 If less than one day  
hr. min.

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

10. Usual occupation Retired

Major findings: IB

Of operations.....

Of autopsy.....

PHYSICIAN  
Underline the cause of which death should be charged statistically.

MOTHER FATHER

11. Industry or business.....

12. Name Joseph Bishop Campbell

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

14. Maiden name Sarah Ann Curston

15. Birthplace Washington Co Missouri  
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs Jerome Simon

(b) Address Bonne Terre Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Nov 30 1947  
(Month) (Day) (Year)

(c) Place: burial or cremation Hopewell Mo

18. (a) Signature of funeral director Benham

(b) Address 313 Benham Bonne Terre

19. (a) 12-6-47 (Date received local registrar)

(b) Ether Rindell (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?.....  
(Specify type of place)

While at work?..... (c) Means of injury.....

23. Signature M. J. Now, Jr. (M. D. now) M.D.

Address Bonne Terre, Mo. Date signed 12-2-47

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

4  
2  
1

RECEIVED

District Health Officer No. 4

District File Number 1247-155-

Date Filed 12-15-47

JAN 13 1948

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

*Clarence J. Claywell*

Licensed Embalmer No.

*3706*

P. O. Address

*Down Street 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.