S. No. 300
M—10-47
ev. 5-17-39
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FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED JUN 2 1948

Registration District No. 38

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 15400

Primary Registration District No. 3006

Registrar's No. 143

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

1. PLACE OF DEATH:
(a) County: Boone
(b) City or town: Columbia
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 816 Coats St.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution ____ (Specify whether years, months or days) In this community: Life

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County: Boone
(c) City or town: Columbia
(If outside city or town limits, write "RURAL")
(d) Street No.: 816 Coats St
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country: X

3. (a) PRINT FULL NAME: Mabel Grace Campbell
3. (b) If veteran, name war: X
3. (c) Social Security No.:
4. Sex: F
5. Color or race: W
6. (a) Single, widowed, married, divorced: M
6. (b) Name of husband or wife: J Harvey Campbell
6. (c) Age of husband or wife if alive ____ years
7. Birth date of deceased: Aug (Month) 28 (Day) 1912 (Year)
8. AGE: Years 35 Months 8 Days 26 If less than one day ____ hr. ____ min.
9. Birthplace: Boone Co (City, town, or county) Mo (State or foreign country)
10. Usual occupation: House wife
11. Industry or business: "
MOTHER FATHER
12. Name: Richard Carruth
13. Birthplace: Boone Co (City, town, or county) Mo (State or foreign country)
14. Maiden name: Mattie Jenkins
15. Birthplace: Audraine Co (City, town, or county) Mo (State or foreign country)
16. (a) Informant: J Harvey Campbell
(b) Address: Columbia Mo
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: May 27 48 (Month) (Day) (Year)
(c) Place: burial or cremation: Memorial Park
18. (a) Signature of funeral director: R. Overett
(b) Address: Columbia Mo
19. (a) 5-26-48 (Date received local registrar) (b) Mrs. R E Palmer (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 24th year 1948 hour 8:30 minute P M.
21. I hereby certify that I attended the deceased from 5-15-, 1948, to 5-24-, 1948 that I last saw her alive on 5-24-, 1948 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Tuberculosis of both lungs	
Due to —	
Due to —	
Other conditions (Include pregnancy within 3 months of death) —	
Major findings: 13B	
Of operations: None	
Of autopsy: None	

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): No
(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? No (e) Means of injury:
23. Signature: W. B. Dyer (M. D. or other) M.D.
Address: Columbia Mo Date signed: 5-26-48

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 9,
District File Number
Date Filed JUN 1 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 .....

Licensed Embalmer No. 3183

P. O. Address Columbia 240

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.