S. No. 2
M—1/47
v. 5-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 18986

FILED JUN 22 1948

Registration District No. 7

Primary Registration District No. 3016

Registrar's No. 146

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

1. PLACE OF DEATH:
(a) County Cole
(b) City or town Jefferson City
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: St. Marys Hospital 0
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 3 hrs (Specify whether
In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED: 26
(a) State Missouri (b) County Cole
(c) City or town Jefferson City 3
(If outside city or town limits, write "RURAL")
(d) Street No. Unknown Parkview 4
(If rural, give location) 0
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Amedoor Campbell
3. (b) If veteran, name war no
3. (c) Social Security No.
4. Sex Male 0
5. Color or race White
6. (a) Single, widowed, married, divorced Single 1
6. (b) Name of husband or wife unk
6. (c) Age of husband or wife if alive — years
7. Birth date of deceased Feb. 24 1873 (Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	75	3	17	hr. min.

9. Birthplace Cole Co. Mo. (City, town, or county) (State or foreign country)
10. Usual occupation Farmer
11. Industry or business
FATHER
12. Name Unk
13. Birthplace unk 9 (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name unk
15. Birthplace unk 9 (City, town, or county) (State or foreign country)
16. (a) Informant Perry Gravitt
(b) Address Mich.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 6/14/48 (Month) (Day) (Year)
(c) Place: burial or cremation Longview Cemetery
18. (a) Signature of funeral director Victor Buescher
(b) Address Jefferson City, Mo.
19. (a) 6-14-48 (Date received local registrar) (b) R. P. Dorris MD 68 (Registrar's signature) MR

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June 11 day June year 1948 hour 6 minute 20 P.M.

21. I hereby certify that I attended the deceased from June 11, 1948, to June 11, 1948, that I last saw him alive on June 11, 1948, and that death occurred on the date and hour stated above.

Immediate cause of death

Duration

Due to Myocarditis as best I could find I saw him 1 hr before death

Due to at that time he was in conscious and I got no history

Other conditions (Include pregnancy within 3 months of death)

Major findings:
Of operations 936
Called Coronor and he said it was not a Coronor Case
Of autopsy

PHYSICIAN
Underline the cause of 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? (Specify type of place)
While at work? (e) Means of injury 0

23. Signature M R Aldridge (M. D. ~~or other~~)
Address Jefferson City Mo Date signed June 14/48

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Office No. 9,
District File Number JUN 21 1948
Date Filed

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 Victor Buescher

Licensed Embalmer No. 3701

P. O. Address Jefferson City, 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.