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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED JUN 28 1948

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **19078**
Registrar's No. **28**

Registration District No. **109** Primary Registration District No. **5424**

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

1. PLACE OF DEATH:
(a) County Dunklin
(b) City or town Campbell, Mo. Rural
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Near St. Francis River 3 miles W. of Campbell
(If not in hospital or institution, write street number or locality)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community Seven years
years, months or days

3. (a) PRINT FULL NAME Tommy Jay Bazzell
3. (b) If veteran, _____ **3. (c) Social Security** _____
name war _____ No. _____

4. Sex MALE **5. Color or race** White
6. (a) Single, widowed, married, _____ **6. (c) Age of husband or wife if** _____
divorced _____ 0 0
alive _____ years
7. Birth date of deceased JANUARY 26 1935
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
13 4 13 _____ hr. _____ min.

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

10. Usual occupation School Boy

11. Industry or business _____
12. Name OSCAR BAZZELL
13. Birthplace Greenville Mo.
(City, town, or county) (State or foreign country)
14. Maiden name RUBY HAMPTON
15. Birthplace ELIZABETH TOWN ILL.
(City, town, or county) (State or foreign country)

16. (a) Informant OSCAR BAZZELL
(b) Address MAIDEN, Mo. R#1

17. (a) BURIAL **(b) Date thereof** JUNE 13, 1948
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Liberty (CARUTH, MO)

18. (a) Signature of funeral director Landes Funeral Home
(b) Address Campbell, Missouri

19. (a) 6-14-48 **(b)** Miss Beulah Campbell
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County DUNKLIN 35
(c) City or town MAIDEN, Mo. RURAL
(If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) Citizen of foreign country? NO (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month JUNE day 11
year 1948 hour 4:00 PM minute _____ M.
21. I hereby certify that I attended the deceased from _____, 19____ to _____, 19____;
that I last saw h. _____ alive on _____, 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death Accidental Drowning
Due to _____
Due to _____
Other conditions _____
(Include pregnancy within 8 months of death)
Major findings: 183
Of operations _____
Of autopsy _____
Duration _____
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) _____ 35
(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 3
Signature Walter A. Hays (M., D., or other)
Address Kennett Mo

RECEIVED
District Health Office No. 2
District Office No. 2
Date 6-24-44

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..... *Christina M. Landers*

Licensed Embalmer No. *4227*

P. O. Address *Campbell, 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.

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STANDARD CERTIFICATE OF DEATH

State File No. July
Registrar's No. 28

Registration District No. 109

Primary Registration District No. 5424

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

1. PLACE OF DEATH:

(a) County Dunklin

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

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

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

In this community _____ (Specify whether _____)
years, months or days

3. (a) PRINT FULL NAME Tommy J. Bazzell

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex m 5. Color or race w 6. (a) Single, widowed, married, divorced s

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased Jan 26
(Month) (Day) (Year)

8. AGE: Years 13 Months 4 Days 3 (If less than one day, hr. 1 min. 0)

9. Birthplace _____ (City, town, or county) (State or foreign country) MO

10. Usual occupation _____

11. Industry or business _____

12. Name _____

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

14. Maiden name _____

15. Birthplace _____ (City, town, or county) (State or foreign country)

16. (a) Informant _____ (b) Address _____

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

(c) Place: burial or cremation _____

18. (a) Signature of funeral director _____ (b) Address _____

19. (a) _____ (b) _____
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State _____ (b) County _____

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

(d) Street No. _____ (If rural, give location)

(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June year 1945 floor _____ minute _____ M.

21. I hereby certify that I attended the deceased from _____ to _____, 19____; that I last saw him/her alive on _____, 19____; and that death occurred on the date and hour stated above.

Immediate cause of death _____

Due to _____

Due to _____

Other conditions _____ (Include pregnancy within 3 months of death)

Major findings:
Of operations _____

Of autopsy _____

Duration _____

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) DROWNED ACCIDENTAL

(b) Date of occurrence JUNE 11TH - 1945

(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 _____

23. Signature _____ (M. D. or other) _____
Address _____ Date signed _____

SUPPLEMENTARY

S-19078