

Registration District No. 10 Primary Registration District No. 3002

1. PLACE OF DEATH:
(a) County ANDRAIZ
(b) City or town EXICO
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Andraiz County Hospital
(If not in hospital or institution, write street number & location)
(d) Length of stay: In hospital or institution two hours
(Specify whether
in this community two years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State MO. (b) County Andraiz
(c) City or town Mexico
(If outside city or town limits, write "RURAL")
(d) Street No. 419 Promenade
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME EARL CAMPBELL
3. (b) If veteran, name war WORLD WAR II 3. (c) Social Security No. 200-12-7461

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Aug day 28
year 1948 hour 11:00 minute 0 P. M.
21. I hereby certify that I attended the deceased from Crownsville Case 19____ to _____ 19____
that I last saw h_____ alive on _____ 19____
and that death occurred on the date and hour stated above.

4. Sex MALE 5. Color or race negro 6. (a) Single, widowed, married, divorced SINGLE

Immediate cause of death Wound of lung, Duration
blow a knife wound in the
right fore-arm, knife held
due to him by hand of Jack Albert
Coats with felonious intent.

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if
alive _____ years
7. Birth date of deceased SEPT. 26 1910
(Month) (Day) (Year)

Due to _____
lung & Coats,
Due to _____
Other conditions homicide
(Include pregnancy within 3 months of death)

8. AGE: 38 Years 11 Months 2 Days If less than one day
hr. _____ min.

Major findings: All arteries cut in
Of operations palms surface of fore arm
Of autopsy _____

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

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) homicide
(b) Date of occurrence Aug 28 - 1948
(c) Where did injury occur? Mexico, Mo. 119 South-Western
(City or town) (County) (State)

10. Usual occupation Day Laborer

(d) Did injury occur in or about home, on farm, in industrial place, in public place?
home of Anthony Hain
(Specify type of place)

11. Industry or business Mexico Refractories

23. Signature S. C. Adams (M. D. or other)
Address Mexico, Mo Date signed 8.29.48

12. Name Douglas Campbell

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

14. Maiden name Montgomery

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

16. (a) Informant Bertie Jay
(b) Address 419 Promenade St

17. (a) burial (b) Date thereof 9-1-48
(Burial, cremation, or removal) (Month) (Day) (Year)

18. (a) Signature of funeral director [Signature]
(b) Address 400 N. Cooper St - Mexico
(c) Date received local registrar 8/30/48

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

MOTHER FATHER

OCT 5 1948

SEP 17 1948

SEP 9 1948

RECEIVED

District Health Officer No. _____

District File Number 9.48.1

Date Filed SEP 7 - 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 _____

J. P. Alexander

Licensed Embalmer No: 4245

P. O. Address Seaholm 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.