

FILED DEC 27 1948

State File No. ....

Registration District No. 251

Primary Registration District No. 5846

Registrar's No. 296

1. PLACE OF DEATH:

(a) County Nodaway (Lincoln)  
(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 48 Years  
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Nodaway  
(c) City or town Rural  
(If outside city or town limits, write "RURAL")  
(d) Street No. 5 Mi N W Elmo, Mo  
(If rural, give location)  
(e) Citizen of foreign country? No (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME James Robert Campbell

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

4. Sex Male 5. Color or race Wh 6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife Ruth Anne Campbell 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased Dec 2 1868  
(Month) (Day) (Year)

8. AGE: Years 80 Months \_\_\_\_\_ Days 8 If less than one day hr. \_\_\_\_\_ min. \_\_\_\_\_

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

10. Usual occupation Retired Farmer

11. Industry or business \_\_\_\_\_

12. Name Robert Campbell

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

14. Maiden name Ruth Caroline Hedgepath

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

16. (a) Informant Frank Campbell  
(b) Address Elmo, Missouri

17. (a) Burial (b) Date thereof Dec, 12, 1948  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation High Prairie

18. (a) Signature of funeral director. [Signature]  
(b) Address Westboro, Missouri

19. (a) 12-18-48 (b) [Signature]  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 10 year 1948 hour 6 minute 15 a.m.

21. I hereby certify that I attended the deceased from Dec 4, 1948 to Dec 10, 1948 that I last saw h. \_\_\_\_\_ alive on \_\_\_\_\_ and that death occurred on the date and hour stated above.

Immediate cause of death Congestive Heart Failure  
Due to Myocardial Degeneration  
Due to Senility

Duration

1 wk.

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Major findings: Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_

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) \_\_\_\_\_  
(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)  
(c) Means of injury \_\_\_\_\_  
23. Signature [Signature] (M. D. or other) [Signature]  
Address Elmo, Mo Date signed \_\_\_\_\_

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

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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.....

A. Tucker #2 ..... , Registered Apprentice No. ~~#87~~ 478  
working under my personal supervision.

Signed *Scott Tucker*.....

Licensed Embalmer No. 2824.....

P. O. Address Westboro, Missouri.....

**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.**