

7. S. No. 2
DOM-5-43
Rev. 5-17-39
I X36671

FILED SEP 12 1945
Registration District No. **29**

Primary Registration District No. **6022**

Registrar's No. **59**

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

1. PLACE OF DEATH:

(a) County Ray

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

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

(d) Length of stay: In hospital or institution No
(Specify whether years, months or days)

In this community 75 Years
(Specify whether years, months or days)

3. (a) PRINT FULL NAME Delilah Ellen Campbell

3. (b) If veteran, name war No

3. (c) Social Security No. Nine

4. Sex Female **5. Color or race** White

6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife John W. Campbell

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

7. Birth date of deceased November 6, 1945
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>87</u>	<u>9</u>	<u>25</u>	hr. _____ min. _____

9. Birthplace Madison County, Kentucky
(City, town, or county) (State or foreign country)

10. Usual occupation Housekeeper

11. Industry or business _____

12. Name Sanford Estes

13. Birthplace Ray County, Missouri
(City, town, or county) (State or foreign country)

14. Maiden name Ann Baker

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

16. (a) Informant Ray Campbell

(b) Address Richmond, Missouri

17. (a) Burial Burial **(b) Date thereof** Sept. 3, 1945
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation New Hope Cemetery

18. (a) Signature of funeral director _____

(b) Address Richmond, Missouri

19. (a) 9/4 45 **(b)** Thos. Shaw Shippard
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Ray

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

(d) Street No. 4 miles Southwest, Richmond, Mo.
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)

If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 1
year 1945 hour 10 minute 15 p.m.

21. I hereby certify that I attended the deceased from 8-5 **19** 45 **to** 10-1 **19** 45
that I last saw her alive on 9-1-45 **19** _____
and that death occurred on the date and hour stated above.

Immediate cause of death _____ **Duration** _____

Bronchial Pneumonia **2 ds**

Due to Cerebral Hemorrhage **2 wks**

Due to _____

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 Thos J. Cook **(M. D. or N. M. D.)** _____

Address Richmond, Mo. Date signed 9-4-45

RECEIVED

Health Officer No. 8.

Health File Number

Date Filed 9-11-45

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 Louis Loret

Licensed Embalmer No. 4096

P. O. Address Richmond, 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.