

U. S. No. 2
FORM-5-43
Rev. 5-17-39
I X36671

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **32181**

FILED SEP 25 1947

Registration District No. **299**

Primary Registration District No. **6122**

Registrar's No. **93**

1. PLACE OF DEATH:

(a) County **Ray**
(b) City or town **Marion, Richmond**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
3 miles S.E. Knoxville, #13
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community **75** years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State **Mo** (b) County **Ray** **89**
(c) City or town **Rural** **0**
(If outside city or town limits, write "RURAL")
(d) Street No. **3 miles S.E. Knoxville, #13** **0**
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME **Floyd Clayton Campbell**

3. (b) If veteran, name war **None** 3. (c) Social Security No. **None**

4. Sex **Male** 5. Color or race **W** 6. (a) Single, widowed, married, divorced **Married**
6. (b) Name of husband or wife **Esther Bank** 6. (c) Age of husband or wife if alive **24** years
7. Birth date of deceased **Jan 30 1872**
(Month) (Day) (Year)

8. AGE: Years **75** Months **6** Days **24** If less than one day _____ hr. _____ min.

9. Birthplace **Ray Co Mo** (City, town, or county) (State or foreign country)

10. Usual occupation **Barber**

11. Industry or business _____

12. Name **Floyd Campbell**

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

14. Maiden name **Julia Wankel**

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

16. (a) Informant **Mr. Esther Campbell**

(b) Address **Richmond Mo, R.F.D. #3**

17. (a) **Burial** (Burial, cremation, or removal) (b) Date thereof **8/26/47** (Month) (Day) (Year)

(c) Place: burial or cremation **Swain's Life, Richmond**

18. (a) Signature of funeral director **Wm. J. Jackson**

(b) Address **Richmond Mo**

19. (a) **Aug 30 1947** (Date received local registrar) (b) **Wm. J. Jackson** (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Aug** day **24** year **1947** hour _____ minute **5:15 P.** M.

21. I hereby certify that I attended the deceased from **Aug. 17** 19**47**, to **Aug 27**, 19**47** that I last saw him alive on **Aug 24**, 19**47** and that death occurred on the date and hour stated above.

Immediate cause of death **Apoplexy** **4 hours** Duration

Due to **Uremic Poisoning**

Due to **Hypertension** **2 yrs.**

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations _____

Of autopsy **839**

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) (e) Means of injury **2**

23. Signature **W. E. Kerens** (M. D. or other) **W. E. Kerens**

Address **Richmond Mo** Date signed **Aug 25**

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

MOTHER, FATHER

RECEIVED

District Health Officer No. 8,

District File Number _____

Filed 9-24-47

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 _____

Licensed Embalmer No. 4466

P. O. Address Richmond, Va.

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.