

FILED AUG 14 1945
Registration District No. 297

Primary Registration District No. 6022

State File No. _____
Registrar's No. 51

1. PLACE OF DEATH:

(a) County Ray Rayville

(b) City or town Rayville, Mo. Rayville

(c) Name of hospital or institution: None

(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution None

In this community None 41rs. (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Ray

(c) City or town Rayville, Mo. Rayville

(d) Street No. NEURAL

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

If yes, name country U.S.A.

3. (a) PRINT FULL NAME TEDDY R. CAMPBELL

3. (b) If veteran, name war No

3. (c) Social Security No. _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Aug. 10 day 3 A.

year 1945 hour _____ minute _____ M.

4. Sex Male

5. Color or race White

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

6. (b) Name of husband or wife Ella Campbell Alive

6. (c) Age of husband or wife if alive 31 years

7. Birth date of deceased: Dec. 31 st. 1903.

(Month) (Day) (Year)

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.

8. AGE: Years Months Days If less than one day

41 7 3 hr. _____ min.

Immediate cause of death asphyxiated, by smoke. Duration _____

It happened on a farm near Knoxville Mo. He was trying to remove some of the contents from a burning barn, and was over-embled by

Other conditions Smoke.

9. Birthplace Knoxville, Mo.

(City, town, or county) (State or foreign country)

10. Usual occupation Farmer

Major findings: _____

Of operations _____

Of autopsy _____

1822
19

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

11. Industry or business _____

12. Name P.C. CAMPBELL

13. Birthplace Ray Co. Mo.

(City, town, or county) (State or foreign country)

14. Maiden name Gertrude Bush

15. Birthplace Ray Co. Mo.

(City, town, or county) (State or foreign country)

16. (a) Informant Julia Campbell

(b) Address Knoxville, Mo.

17. (a) Burial (b) Date thereof 8-6-45

(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St. Joseph

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____ 89

(b) Date of occurrence Aug. 3, 1945

(c) Where did injury occur? Rural Ray Mo

(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

18. (a) Signature of funeral director Richard M. Phipps

(b) Address Richmond, Mo.

19. (a) Aug 4 1945 (b) Mrs. Sharrill Phipps

(Date received local registrar) (Registrar's signature)

While at work? _____ (Specify type of place)

(e) Means of injury 3

23. Signature J.F. Baber Ray Mo. Coroner

(City or town) (State)

Address Richmond Mo. Date signed 8/4/45

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

RECEIVED

District Health Officer No. 8,

District File Number

Date Filed

8-13-42

38
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DEC 29 1942

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

working under my personal supervision.

Registered Apprentice No. _____
Brothers - Quest Funeral Home

Signed *James Quest*

Licensed Embalmer No. 4096

P. O. Address Richmond, 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.