

S. No. 2
DM-5-43
v. 5-17-39
I X36671

FILED MAR 4 1948

State File No. _____

Registration District No. 2947

Primary Registration District No. 6022

Registrar's No. 13

1. PLACE OF DEATH:

(a) County Ray

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

(c) Name of hospital or institution:
R.F.D.#5, RICHMOND, Mo. 1
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution no
(Specify whether)

In this community 79 yrs
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Ray

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

(d) Street No. R.F.D.#5, RICHMOND, Mo.
(If rural, give location)

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

If yes, name country _____

3. (a) PRINT FULL NAME THOMAS ANDREW CAMPBELL

3. (b) If veteran, name war No

3. (c) Social Security No. _____

4. Sex Male 5. Color or race W

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

6. (b) Name of husband or wife MAMIE L. FETHERS

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

7. Birth date of deceased AUG 27, 1868
(Month) (Day) (Year)

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

79 5 10 hr. _____ min.

9. Birthplace RAY COUNTY, Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation FARMER

11. Industry or business _____

MOTHER FATHER { 12. Name JAMES M. CAMPBELL

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

14. Maiden name MAHALA BROWN

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

16. (a) Informant A. F. CAMPBELL

(b) Address RICHMOND, Mo.

17. (a) BURIAL (b) Date thereof 2/9/48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation NEW HOPE CEM.

18. (a) Signature of funeral director Quest. file ? Home

(b) Address Richmond, Mo.

19. (a) Feb 9-1948 (b) Maluel Jackson
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 7th year 1948 hour 12 minute 30 A.M.

21. I hereby certify that I attended the deceased from Feb 6-7 to Feb 7, 1948,
that I last saw alive on Feb 7 and that death occurred on the date and hour stated above.

Immediate cause of death _____
Duration _____

Hypostatic Pneumonia
arterio Sclerosis
Chronic Myocarditis

Due to _____

Due to _____

Other condition Chronic Myocarditis
(Include pregnancy within 3 months of death)

Major findings:
Of operations _____

Of autopsy 932

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? 0

While at work? _____ (Specify type of place)

(e) Means of injury _____

23. Signature [Signature] (M. D. or other) [Signature]

Address _____ Date signed 2/9/48

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

RECEIVED

District Health Officer No. 6

District File Number.....

Date Filed 3-3-48

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 *John J. Gant*

Licensed Embalmer No. 4096

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.