

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 3610
Registrar's No. 918

Registration District No. 774 Primary Registration District No. 4465

1. PLACE OF DEATH: St Francis FEB 7
(a) County St Francis
(b) City or town FLAT RIVER
(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 _____)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County St Francis
(c) City or town Flat River
(If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) If foreign born, how long in U. S. A.? _____ years.

In this community _____ years, months or days 5/11
8. (a) PRINT FULL NAME ETHEL IRENE CAMPBELL
3. (b) If veteran, name war _____ 3. (c) Social Security No. 488-18,7602

20. DATE OF DEATH: Month 1 day 18th
year 40 hour 6 minute 30P M.

4. Sex M 5. Color or race OR 6. (a) Single, widowed, married, divorced Widow
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased FEBY 21 1892
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from 1-12, 1940, to 1-18, 1940
that I last saw her alive on 1-16, 1940
and that death occurred on the date and hour stated above.
Immediate cause of death: carcary artery thrombosis Duration 5h

8. AGE: Years 47 Months 10 Days 28 If less than one day _____ hr. _____ min.

Due to chr nephritis
generalized arteriosclerosis
Due to Dec anemia

9. Birthplace St Francis Co Mo
(City, town, or county) (State or foreign country)

Other conditions neoplasm
(Include pregnancy within 3 months of death)

10. Usual occupation Seamstress
11. Industry or business at home
12. Name Edward Peter Arszag
13. Birthplace Mo
(City, town, or county) (State or foreign country)
14. Maiden name Dora Myrtle
15. Birthplace Mo
(City, town, or county) (State or foreign country)

Major findings: 131
Of operations _____
Of autopsy _____

16. (a) Informant's own signature Amela Burgess
(b) Address Herledge Mo
17. (a) Little Pine (b) Date thereof 1-21-40
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation St Genevieve Co
18. (a) Signature of funeral director Joe Diemer
(b) Address Flat River Mo
19. (a) 1-21-40 (b) OB Farrell
(Date received local registrar) (Registrar's signature)

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 _____
23. Signature MO Garbe (M. D. or other) _____
Address Herledge Mo Date signed 2-20-40

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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 Joseph Diemer
Licensed Embalmer No. 970
P. O. Address Flat River 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, above space should be left blank.