

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.

STANDARD CERTIFICATE OF DEATH

State File No.

42405

Registrar's No.

4814

Registration District No. 399

Primary Registration District No. 1002

JAN 13 1940

1. PLACE OF DEATH:

(a) County Jackson
 (b) City or town Kansas City
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: St. Joseph Hospital
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 1 month 13 days
 (Specify whether
 In this community Most of life
 years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson
 (c) City or town Kansas City
 (If outside city or town limits, write "RURAL")
 (d) Street No. 3211 East 38th St.
 (If rural, give location)
 (e) If foreign born, how long in U. S. A. _____ years.

3. (a) PRINT FULL NAME

George A. Campbell 514

8. (b) If veteran, name war _____

3. (c) Social Security No. None

4. Sex Male

5. Color or race Wh

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

6. (b) Name of husband or wife Katherine Campbell

6. (c) Age of husband or wife if alive 50 years

7. Birth date of deceased June 3 1889
 (Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
50 6 17 hr. min.

9. Birthplace Minneapolis Minn.
 (City, town, or county) (State or foreign country)

10. Usual occupation Retired Salesman

11. Industry or business _____

12. Name E. A. Campbell

13. Birthplace No Record
 (City, town, or county) (State or foreign country)

14. Maiden name " " "
 15. Birthplace " " "
 (City, town, or county) (State or foreign country)

16. (a) Informant's own signature Mrs. E. A. Campbell

(b) Address 3211 East 38th St.

17. (a) Burial (b) Date thereof 12-21-39
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mt. St. Mary's Cem.

18. (a) Signature of funeral director F. W. Wagner
 (b) Address 204 W. Linwood, K.C. Mo.

19. (a) Dec. 20, 1939 (b) M. M. Browne
 (Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 20th
 year 1939 hour 4 minute 30 A. M.

21. I hereby certify that I attended the deceased from 1935
 _____, 19____, to Dec. 20, 19____
 that I last saw him alive on Dec. 19, 19____
 and that death occurred on the date and hour stated above.

Immediate cause of death

Myophysial
 Cachexia
 Atrophy pituitary

Other conditions 65
 (Include pregnancy within 3 months of death)

Major findings:
 Of operations _____

Of autopsy _____

Duration

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)
 (e) Means of injury _____

28. Signature John A. Starnes (M. D. or other)
 Address 1402 Bryant St. Date signed 12/20/39

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 A. B. Haunschild

Licensed Embalmer No. 4062

P. O. Address W. C. 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.