No. 2
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAY 15 1940

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 14087

Registration District No. 399 Primary Registration District No. 1002 Registrar's No. 1799

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

1. PLACE OF DEATH:

(a) County Jackson

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

(c) Name of hospital or institution: Home 1233 Tracy (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether years, months or days) 22 yrs

In this community 514

3. (a) PRINT FULL NAME GEO. RICHARD CAMPBELL

3. (b) If veteran, name war Worlds War

3. (c) Social Security No. Dont Know

4. Sex Male

5. Color or race Negro

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

6. (b) Name of husband or wife

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

7. Birth date of deceased Unknown (Month) (Day) (Year)

8. AGE: Years 45 Months Days If less than one day hr. min.

9. Birthplace Albuquerque N. M. (City, town, or county) (State or foreign country)

10. Usual occupation Common Laborer

11. Industry or business Dont Know

FATHER
12. Name Unknown
13. Birthplace Dont Know (City, town, or county) (State or foreign country)

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

16. (a) Informant Mattie Caston Friend

(b) Address 803 Pacific KC Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 4-29-40 (Month) (Day) (Year)

(c) Place: burial or cremation Lincoln Cemetery KC Mo

18. (a) Signature of funeral director Flynn + Greenstreet

(b) Address 1819 E. 13th KC Mo.

19. (a) April 29, 1940 (Date received local registrar) (b) M. M. Crowe (Registrar's signature)

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. 1233 Tracy KC Mo (If rural, give location)

(e) If foreign born, how long in U. S. A. years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 4 day 24-40 year hour minute 6 30 A M.

21. I hereby certify that I attended the deceased from 19 to 19; that I last saw him alive on 19; and that death occurred on the date and hour stated above.

Immediate cause of death Duration

Chronic Decerative Pulmonary Tbc

Due to

Due to

Other conditions 23 (Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy Dfall

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? (Specify type of place)

While at work? (e) Means of injury 5

23. Signature Russell W Kerr (M. D. or other)

Address H Kerr Date signed

(Licensed Embalmer's Statement on Reverse Side)

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 Edwin Evans

Licensed Embalmer No. 3836

P. O. Address 1819 E 15th St KC 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.