

Registration District No. **399**

Primary Registration District No. **1002**

Registrar's No. **1941**

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: **General Hospital #2**
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **2 years** (Specify whether years, months or days)

3. (a) PRINT FULL NAME **Robert Stanley Campbell**

3. (b) If veteran, name war **No** 3. (c) Social Security No. **No**

4. Sex **male** 5. Color or race **Colored** 6. (a) Single, widowed, married, divorced **Child**

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

7. Birth date of deceased **11 26 37**
(Month) (Day) (Year)

8. AGE: Years **2** Months **6** Days **11** If less than one day _____ hr. _____ min.

9. Birthplace **Kansas City, Missouri**
(City, town, or county) (State or foreign country)

10. Usual occupation **None**

11. Industry or business _____

12. Name **Robert Campbell**

13. Birthplace **Missouri**
(City, town, or county) (State or foreign country)

14. Maiden name **Eula Marion Barson**
(City, town, or county) (State or foreign country)

15. Birthplace **Kansas City, Missouri**
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature **Mrs. Ethel Beverly**

(b) Address **1807 E-13-St apt-60**

17. (a) **Burial** (b) Date thereof **5-11-40**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Highland Park**

18. (a) Signature of funeral director **J. B. Moore**

(b) Address **1820 E 18th St.**

19. (a) **May 9, 1940** (b) **M. M. Crow**
(Date received local registrar) (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. **1807 E-13th Street**
(If rural, give location)
(e) If foreign born, how long in U. S. A. _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **5** Day **7** Year **40**
hour _____ minute **5A** M.

21. I hereby certify that I attended the deceased from **Deputy Coroner** 19____;
that I last saw him alive on _____, 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death **Fracture of the Skull**
Fracture of the Neck
Due to _____

Due to **Fall from window**
Due to **fall from window**

Other conditions (include pregnancy within 3 months of death) **1860**

Major findings: Of operations _____

Of autopsy **DO**

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) **Accident**

(b) Date of occurrence **5-6-40**

(c) Where did injury occur? **Jackson**
(City or town) (County) (State)

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

While at work (Specify type of place) **Fall from window**
(e) Means of injury

23. Signature **Russell Dyer** (M. D. or other)

Address **Jackson** Date signed _____

WHILE FILLING IN USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

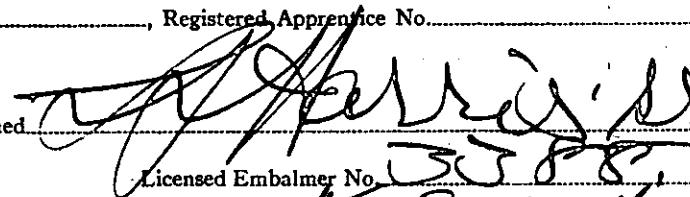
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

1 X 1951

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 

Licensed Embalmer No. 3588

P. O. Address K.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.