DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

AUG 23 1940

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 25338

Registration District No. 298 | Primary Registration District No. 3019 | Registrar's No. 185

1. PLACE OF DEATH:

(a) County: Jackson

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

(c) Name of hospital or institution: 503 E College (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) In this community: Life

2. USUAL RESIDENCE OF DECEASED:

(a) State: Missouri (b) County: Jackson

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

(d) Street No.: 503 E. College (If rural, give location)

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

3. (a) PRINT FULL NAME: Paulene Elizabeth Campbell

3. (b) If veteran, name war: —

3. (c) Social Security No.: —

4. Sex: Female

5. Color or race: wh.

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

6. (b) Name of husband or wife: Fred Campbell

6. (c) Age of husband or wife if alive: 37 years

7. Birth date of deceased: Feb. (Month) 26 (Day) 1900 (Year)

8. AGE: Years: 40 | Months: 4 | Days: 21 | If less than one day: ____ hr. ____ min.

9. Birthplace: Jackson Co (City, town, or county) Mo. (State or foreign country)

10. Usual occupation: House wife

11. Industry or business: ____

MOTHER FATHER

12. Name: Wm Jones

13. Birthplace: Jackson Co (City, town, or county) Mo. (State or foreign country)

14. Maiden name: Bettie Murray

15. Birthplace: La Fayette Co (City, town, or county) Mo. (State or foreign country)

16. (a) Informant's own signature: Fred Campbell

(b) Address: 503 E College

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: July 19 40 (Month) (Day) (Year)

(c) Place: burial or cremation: Salem Cemetery

18. (a) Signature of funeral director: Ott & Mitchell

(b) Address: Independence Mo.

19. (a) July 18-1940 (Date received local registrar) (b) F. L. Cook (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month: July day: 17 year: 1940 hour: 7 P.M. minute: ____ M.

21. I hereby certify that I attended the deceased from Aug 22, 1931, to July 13, 1940, that I last saw her alive on July 19, 1940, and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Carcinoma of rectum	5 yrs
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings: Of operations: Carcinoma of rectum operated Aug 1935

Of autopsy: none

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

23. Signature: E. H. Allen (M. D. or other) M.D.

Address: Independence Mo. Date signed: 7-17-40

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—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.

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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.....

P. O. Address.....

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.