

BUREAU OF THE CENSUS  
FILED OCT 10 1941

## STANDARD CERTIFICATE OF DEATH

State File No.

Registration District No. 85

Primary Registration District No. 1001

Registrar's No.

## 1. PLACE OF DEATH:

(a) County Buchanan  
 (b) City or town St. Joseph  
 (If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution:  
Missouri Methodist Hospital  
 (If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution 3 days  
 In this community 70 Years  
 years, months or days (Specify whether)

## 2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Buchanan  
 (c) City or town St. Joseph  
 (If outside city or town limits, write "RURAL")  
 (d) Street No. 2921 Felix  
 (If rural, give location)  
 (e) Citizen of foreign country? No. (Yes or No)  
 If yes, name country

## 3. (a) PRINT FULL NAME

LIDA CAMPBELL

## 3. (b) If veteran,

name war none

## 3. (c) Social Security

No. none4. Sex Female5. Color or race White6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife

John B. Campbell

6. (c) Age of husband or wife if

alive ✓ years7. Birth date of deceased Aug.

(Month)

24th. 1866

(Day)

(Year)

## 8. AGE:

Years

Months

Days

If less than one day

75014

hr. min.

## 9. Birthplace

Weston

(City, town, or county)

Mo.

(State or foreign country)

## 10. Usual occupation

Housework

## 11. Industry or business

Home12. Name John Wesley Kenney13. Birthplace Unknown

(City, town, or county)

Kentucky

(State or foreign country)

14. Maiden name Heleen Marr15. Birthplace Unknown

(City, town, or county)

Kentucky

(State or foreign country)

16. (a) Informant Mrs. Jeff Sampson(b) Address DeKalb, Mo.17. (a) Burial

(Burial, cremation, or removal)

(b) Date thereof 9-10-41

(Month) (Day) (Year)

(c) Place: burial or cremation Mt. Mora Cemetery18. (a) Signature of funeral director FLEEMAN & SON INC.(b) Address St. Joseph, Mo.19. (a) 9/10/41

(Date received local registrar)

(b) [Signature]

(Registrar's signature)

## MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 8th.  
 year 1941 hour 5 minute 20 P. M.

21. I hereby certify that I attended the deceased from 9-5-41 to 9-8-41  
 that I last saw h. ER alive on 9-8-41  
 and that death occurred on the date and hour stated above.

Immediate cause of death

Cause of uterus

Duration

Due to

Due to

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

Major findings:

Of operations ✓Of autopsy ✓

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 9-10-41  
 (c) Where did injury occur? St. Joseph, Mo. (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 L. C. Bauman (M. D. or other) M.D.  
 Address 620 S. Lawrence St., Joseph, Mo. Date signed 9-10-41

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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

*Geo E Darnie*

Licensed Embalmer No.

*3300*

P. O. Address

*St Joseph*

**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, fact should be so stated above.**