

No. 2
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DEPARTMENT OF COMMERCE

BUREAU OF THE CENSUS

FILLED NOV 13 1941

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 33888

Registrar's No. 3826

Registration District No. 399

Primary Registration District No. 1002

1. PLACE OF DEATH:

(a) County Jackson
(b) City or town Kansas City Missouri
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
212 West 62nd Street
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether
In this community 13 Years / (Specify whether
years, months or days)

8. (a) PRINT FULL NAME Mrs Anna M. Campbell

8. (b) If veteran, name war None 3. (c) Social Security No. None

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Charles I. Campbell 6. (c) Age of husband or wife if alive 50 years
7. Birth date of deceased January 29 1892
(Month) (Day) (Year)

8. AGE: Years 49 Months 8 Days 16 If less than one day
hr. min.

9. Birthplace Stewart Stuart Iowa 1
(City, town, or county) (State or foreign country)

10. Usual occupation At Home

11. Industry or business Housewife
MOTHER FATHER { 12. Name Patrick Ryan
13. Birthplace Unknown Ireland 4
(City, town, or county) (State or foreign country)
14. Maiden name Sarah
15. Birthplace Unknown Ireland 4
(City, town, or county) (State or foreign country)

16. (a) Informant Charles I. Campbell
(b) Address 212 West 62nd Street City

17. (a) Burial (b) Date thereof 10-15-41
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director Melody-McGilley
(b) Address Kansas City Missouri

19. (a) 10/14/41 (b) M. M. Crowe
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson 048
(c) City or town Kansas City Missouri 33888
(If outside city or town limits write "RURAL")
(d) Street No. 212 West 63 nd Street
(If rural, give location)
(e) If foreign born, how long in U. S. A.? No years 0

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 13th
year 1941 hour 4 minute 30 P.M.

21. I hereby certify that I attended the deceased from 10. 10, 1941, to 10 13, 1941;
that I last saw him alive on 10. 13, 1941;
and that death occurred on the date and hour stated above.

Immediate cause of death leucocyanosis thrombosis

Due to renal vessels, atherosclerosis

Due to _____

Other conditions _____

Major findings: _____

Of operations _____

Of autopsy _____

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 _____
23. Signature [Signature] (M. D. or other) U
Address Reno City Date signed 10/14/41

Duration
PHYSICIAN
Underline the cause to which death should be charged statistically.

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

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. 267

working under my personal supervision.

Signed.....



..... Licensed Embalmer No. 2999

..... P. O. Address. CC

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.