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DEPARTMENT OF COMMERCE

BUREAU OF THE CENSUS

FILED DEC 10 1941

Registration District No. 398

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 5554

38444

State File No. \_\_\_\_\_

Registrar's No. 314

1. PLACE OF DEATH:

(a) County Jackson *Blue Jay*  
(b) City or town Kansas City *Rural*  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: 418 Farley Terrace  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether  
In this community 43 yrs  
years, months or days)

3. (a) PRINT FULL NAME Thomas Volney Campbell

3. (b) If veteran, name war no 3. (c) Social Security No. none

4. Sex Male 5. Color or race White  
6. (a) Single, widowed, married, divorced Married  
6. (b) Name of husband or wife Betty K. Campbell 6. (c) Age of husband or wife if alive 80 years

7. Birth date of deceased Feb 18 1857  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
84 9 9 \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace Ky.  
(City, town, or county) (State or foreign country)

10. Usual occupation Retired Lineman K.C.P.L.Co.

11. Industry or business \_\_\_\_\_

MOTHER FATHER { 12. Name Oliver P. Campbell  
13. Birthplace No record  
(City, town, or county) (State or foreign country)  
14. Maiden name Alabama Turner  
15. Birthplace No record  
(City, town, or county) (State or foreign country)

16. (a) Informant Betty K. Campbell  
(b) Address 418 Farley Terrace

17. (a) Removal (b) Date thereof Nov 29 1941  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation Miami Missouri

18. (a) Signature of funeral director Mrs C.L.Forster  
(b) Address 918 Brooklyn

19. (a) Nov 28 41 (b) F.L. Cook M.D.  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson *18*  
(c) City or town Kansas City *0*  
(If outside city or town limits, write "RURAL") *0*  
(d) Street No. 418 Farley Terrace *0*  
(If rural, give location)  
(e) If foreign born, how long in U. S. A.? \_\_\_\_\_ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month November day 27  
year 1941 hour 12 minute 55 A. M.

21. I hereby certify that I attended the deceased from 11-24-41  
\_\_\_\_\_ 19 \_\_\_\_\_ to 11-27-41 19 \_\_\_\_\_;  
that I last saw him alive on 11-27-41 19 \_\_\_\_\_;  
and that death occurred on the date and hour stated above.

Immediate cause of death Lobar Pneumonia Duration 2 da

Due to Lobar Pneumonia 2 da

Due to \_\_\_\_\_

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Major findings: 108  
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 \_\_\_\_\_  
(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 \_\_\_\_\_  
Address [Address] Date signed 11-27-41

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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 me

....., Registered Apprentice No. ....

working under my personal supervision.

Signed J. Calvin Suggard

Licensed Embalmer No. 4179

P. O. Address R. C. No.

**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.**