

FILED DEC 14 1942

Registration District No. 173

Primary Registration District No. 5291

1. PLACE OF DEATH:

(a) County CLAY  
(b) City or town Liberty  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: Eye in Hospital O.I.O.F.  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution Oct 25 1942  
In this community all of life  
years, months or days (Specify whether)

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County clay  
(c) City or town Liberty Missouri  
(If outside city or town limits, write "RURAL")  
(d) Street No. no (If rural, give location)  
(e) Citizen of foreign country? no (Yes or No)  
If yes, name country ✓

3. (a) PRINT FULL NAME LILLIE BELLE CAMPBELL

3. (b) If veteran, name war no 3. (c) Social Security No. 70

4. Sex F 5. Color or race w 6. (a) Single, widowed, married, divorced, widow  
6. (b) Name of husband or wife Archibald a Campbell 6. (c) Age of husband or wife if alive out years  
7. Birth date of deceased Feb 11 1872  
(Month) (Day) (Year)

8. AGE: Years 70 Months 9 Days 20 If less than one day  
hr. min.

9. Birthplace Platt co mo  
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business

12. Name Robert Owens

13. Birthplace ms Ind 1  
(City, town, or county) (State or foreign country)

14. Maiden name Haney Morrison

15. Birthplace ms mo  
(City, town, or county) (State or foreign country)

16. (a) Informant Paul Rogers supp 1007  
(b) Address Liberty mo 2944

17. (a) Burial (b) Date thereof 12/2/42  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Fairbairn Liberty, Mo.

18. (a) Signature of funeral director James Bell Funeral Home

(b) Address Liberty Missouri

19. (a) Dec 1, 1942 (b) Helen Early  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov day 30  
year 1942 hour 11 minute P. M.

21. I hereby certify that I attended the deceased from Mar 1 1942 to Nov 30 1942  
that I last saw h. alive on Nov 30 1942  
and that death occurred on the date and hour stated above.

Immediate cause of death. General arteriosclerosis

Due to.....

Due to.....

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

Major findings:  
Of operations.....

Of autopsy.....

Duration

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 Robert M. Kelly (M. D. or other) M.D.

Address Liberty Mo Date signed 12-1-42

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

24  
2  
1

RECEIVED

District Health Officer No. 8

District File Number \_\_\_\_\_

Date Filed 12-11-42

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 \_\_\_\_\_

myself, Registered Apprentice No. \_\_\_\_\_,  
working under my personal supervision.

Signed Victor E. Linniger

Licensed Embalmer No. 2896

P. O. Address Liberty 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, fact should be so stated above.