S. No. 2
M—5-42
r. 5-17-39
I X32873

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED DEC 28 1942

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

39976

State File No.

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 4636

1. PLACE OF DEATH:

(a) County Jackson

(b) City or town Kansas City
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
Arrox. 1721 Prospect /
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution --
(Specify whether
In this community 51 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Jackson 48 3

(c) City or town Kansas City, 8
(If outside city or town limits, write "RURAL")

(d) Street No. 1716 Prospect
(If rural, give location)

(e) Citizen of foreign country? no (Yes or No)
If yes, name country -- 0

3. (a) PRINT FULL NAME Helen M Campbell Stewart

3. (b) If veteran, name war --

3. (c) Social Security No. unknown

4. Sex fe

5. Color or race wh /

6. (a) Single, widowed, married, divorced married /

6. (b) Name of husband or wife unknown

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

7. Birth date of deceased March 9, 1891
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
51	9	2	hr. min.

9. Birthplace Denver (City, town, or county) Colo. / (State or foreign country)

10. Usual occupation Barber

11. Industry or business

FATHER
12. Name Frank M Campbell
13. Birthplace Ill. (City, town, or county) / (State or foreign country)

MOTHER
14. Maiden name Cornielous Lamberson
15. Birthplace Write County, (City, town, or county) Iowa / (State or foreign country)

16. (a) Informant Frank M Campbell
(b) Address 1716 Prospect

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 12/14/42 (Month) (Day) (Year)
(c) Place: burial or cremation Elmwood Cem.

18. (a) Signature of funeral director H. Tigerman & Sons
(b) Address Kansas City, Mo.

19. (a) 12/13/42 (Date received local registrar) (b) M. M. Crowe (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 12 day 11
year 1942 hour 7:45 minute a. M.

21. I hereby certify that I attended the deceased from Coronen, 19__;
that I last saw h__ alive on__, 19__;
and that death occurred on the date and hour stated above.

Immediate cause of death Delatation of the heart acute pulmonary edema

Due to

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy see above

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?
(Specify type of place)
While at work? (e) Means of injury

23. Signature [signature] (M. D. or other)
Address K. C. Mo. Date signed 12/12/42

(Licensed Embalmer's Statement on Reverse Side)

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 Francis Walton, Registered Apprentice No. 2744, working under my personal supervision.

Signed J. K. Regimen

Licensed Embalmer No. 2744

P. O. Address 1E-O, MD.

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.