

FILED FEB 10 1943

Registration District No. \_\_\_\_\_

Primary Registration District No. 4240

Registrar's No. 4

1. PLACE OF DEATH:

(a) County Jackson  
(b) City or town Blue Springs  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: St. A. Bar (Twp) 1  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether)  
In this community 10 yrs years, months or days

2. USUAL RESIDENCE OF DECEASED:

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

3. (a) PRINT FULL NAME Lena Rodda Campbell

3. (b) If veteran, name war \_\_\_\_\_ (c) Social Security No. \_\_\_\_\_

4. Sex F m 5. Color or race W 6. (a) Single, widowed, married, divorced Widow  
6. (b) Name of husband or wife Tom 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
7. Birth date of deceased Dec - 3 1869  
(Month) (Day) (Year)

8. AGE: Years 73 Months 1 Days 16 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace Fairfax Va 1  
(City, town, or county) (State or foreign country)

10. Usual occupation \_\_\_\_\_

11. Industry or business Retired

12. Name Thomas Rodda

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

14. Maiden name Carolina Luchman

15. Birthplace England 4  
(City, town, or county) (State or foreign country)

16. (a) Informant John Herndt

(b) Address Blue Springs Mo

17. (a) Burial (b) Date thereof 1-20-43  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Blue Springs Mo

18. (a) Signature of funeral director RS Webb

(b) Address Blue Springs Mo

19. (a) 1-28-43 (b) Mrs. John Lawson  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 19  
year 1943 hour 3:30 minute A M.

21. I hereby certify that I attended the deceased from December  
\_\_\_\_\_, 1942 to Jan 19, 1943  
that I last saw her alive on 1-10, 1943  
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary occlusion

Due to arterial sclerosis

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

Other conditions fractured ribs  
(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 \_\_\_\_\_  
(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)

23. Signature Merrill R. Bay (a) Means of injury \_\_\_\_\_ (b) D. or other \_\_\_\_\_

Address Blue Springs Mo Date signed 1/19/43

1313

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

488  
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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..... *Robert* .....

Licensed Embalmer No. *23523* .....

P. O. Address..... *Blue Springs 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.**