

FILED MAR 5 1943

Registration District No. 149

Primary Registration District No. 1002

Registrar's No. 1016

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

1. PLACE OF DEATH:

(a) County Jackson
(b) City or town Kansas City
(c) Name of hospital or institution:
2219 East 33rd. Street
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution.....
In this community 1 Years (Specify whether
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson
(c) City or town Kansas City
(If outside city or town limits, write "RURAL")
(d) Street No. 2219 East 33rd. Street
(If rural, give location)
(e) Citizen of foreign country?..... (Yes or No)
If yes, name country.....

3. (a) PRINT FULL NAME Eliza Anne Campbell

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

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife John Allen Campbell 6. (c) Age of husband or wife if alive 63 years
7. Birth date of deceased 5 - 15 1881
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
61 9 12 hr. min.

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

10. Usual occupation Housewife

11. Industry or business

12. Name James Rosewell

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

14. Maiden name Ella Paradise

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

16. (a) Informant Lawrence K. Campbell

(b) Address 2219 East 33rd. Street

17. (a) Removal (b) Date thereof 2-28-1943
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Lexington, Missouri

18. (a) Signature of funeral director Mrs. C.L. Forster
(b) Address Kansas City, Missouri

19. (a) 2/27/43 (b) M. M. Brown
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 27
year 1943 hour 9 minute 15 P. M.

21. I hereby certify that I attended the deceased from Feb 27, 1943,
that I last saw her alive on Feb 25, 1943,
and that death occurred on the date and hour stated above.

Immediate cause of death Saxemia
Due to Toxic goitre
Due to 62 B

Other conditions (Include pregnancy within 3 months of death)

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 D. J. Davis (M. D. or other).....
Address 3618 Michigan Date signed 2/27/43

Duration

7 wks.

15 yrs

PHYSICIAN

Underline the cause to which death should be charged statistically.

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 Theron R. Redmon
Licensed Embalmer No. 2737
P.O. Address: K.C. 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.