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S. No. 2
OM-243
5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. _____

FILED AUG 11 1943

Registration District No. 149

Primary Registration District No. 1002

Registrar's No. 3282

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 Trinity Lutheran Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 6 Days
(Specify whether years, months or days)

In this community 28 Years
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED: 48

(a) State Missouri (b) County Jackson

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

(d) Street No. 66th & James A. Reed Rd. R.R. # 2
(If rural, give location)

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

3. (a) PRINT FULL NAME Mrs. Mary Campbell

3. (b) If veteran, name war No

3. (c) Social Security No. None

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 26th
year 1943 hour 12 minute 45 P. M.

4. Sex Female

5. Color or race White

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

6. (b) Name of husband Mr. John M. Campbell

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

7. Birth date of deceased September 27 1890
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from 1938 to 7/26, 1943
that I last saw her alive on 7/26, 1943
and that death occurred on the date and hour stated above.

8. AGE:	Years	Months	Days	If less than one day
	<u>52</u>	<u>9</u>	<u>29</u>	<u>hr. min.</u>

Immediate cause of death Peritonitis Duration 3 days

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

Due to Carcinoma bowel (direct extension) 6 mo

Due to Carcinoma Bowel 7 yrs

10. Usual occupation At Home

Other conditions 462
(Include pregnancy within 3 months of death)

11. Industry or business --

MOTHER FATHER { 12. Name George H. Butler

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

14. Maiden name Mary Jane Stubbs

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

Major findings: Generalized Carcinomatosis

Of operations Peritonitis

Of autopsy --

PHYSICIAN --
Underline the cause to which death should be charged statistically.

16. (a) Informant Mrs. Anna Huff

(b) Address 66th + James A. Reed Rd.

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

(c) Place: burial of cremation Elmwood Cemetery

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? --

18. (a) Signature of funeral director D. H. Newcomer's Sons

(b) Address 1401 Brush Creek Blvd.

19. (a) 7-28-43 (b) P. E. Brown
(Date received local registrar) (Registrar's signature)

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

23. Signature J. E. Brown (M. D. or other) M.D.
Address 907 Reatto Date signed 7/27/43

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

987 Opacity Body
1:30.4

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 *R. C. Mc...*
Licensed Embalmer No. 4043
P. O. Address *R. C. Mc...*

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.