

S. No. 2
 M-2-43
 5-17-39
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DEPARTMENT OF COMMERCE
 BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

23742

State File No.

FILED AUG 6 1943 149

3121

Registration District No.

Primary Registration District No. 1002

Registrar's No.

1. PLACE OF DEATH:

(a) County Jackson
 (b) City or town Kansas City
 (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 2 Weeks
 In this community 20 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. 2408 East 29th Street
 (If rural, give location)
 (e) Citizen of foreign country? No (Yes or No)
 If yes, name country: -----

3. (a) PRINT FULL NAME Mr. Robert N. Campbell

3. (b) If veteran, name war No 3. (c) Social Security No. 486-10-1330

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced, Married

6. (b) Name of husband or wife Mrs. Effie Grace Campbell 6. (c) Age of husband or wife if alive 61 years

7. Birth date of deceased December 11 1877
 (Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
65 7 3 hr. min.

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

10. Usual occupation Salesman

11. Industry or business Aines Farm Dairy Company

12. Name Robert Elihue Campbell

13. Birthplace East Lynn Missouri
 (City, town, or county) (State or foreign country)

14. Maiden name Elvira Jane Hackler

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

16. (a) Informant Mrs. Effie Grace Campbell

(b) Address 2408 East 29th Street

17. (a) Burial (b) Date thereof July 16, 1943
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Forest Hill Cemetery

18. (a) Signature of funeral director D. H. Newcomer, Son

(b) Address 1401 Brush Creek Blvd.

19. (a) 7-16-43 (b) P. E. Brown
 (Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 14th
 year 1943 hour 9 minute 25 A. M.

21. I hereby certify that I attended the deceased from 6-27-43
~~7-14-43~~ 19 to 7-14-43 19;
 that I last saw him alive on 7-14-43 19;
 and that death occurred on the date and hour stated above.

Immediate cause of death Uremia, anuria Duration 4 days

Due to Obstructive jaundice 2 mo.

Due to Carcinoma of pancreas, metastatic in liver. ?

Other conditions 46g
 (Include pregnancy within 3 months of death)

Major findings of operations Carcinoma of pancreas, biliary obstruction. PHYSICIAN
 Of autopsy ----- 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 Prof. J. Lawrence (M. D. or other)
 Address Lawyer Bldg. N.E. Mo. Date signed 7-15-43

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

626 Academy Bldg
10-12

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..... *A. C. Newcomer*

Licensed Embalmer No. *4043*

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.