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DM-243
5-17-39
f x3567

23744

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. _____

ED AUG '6 1943
Registration District No. 149

Primary Registration District No. 1002

Registrar's No. 3211

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: General Hospital 0
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 20 days
(Specify whether
In this community 22 yrs (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. 5507 Smart
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Walter Campbell

3. (b) If veteran, name war No 3. (c) Social Security No. 492-14-7316

4. Sex m, 5. Color or race w 6. (a) Single, widowed, married, divorced m

6. (b) Name of husband or wife Mary E 6. (c) Age of husband or wife if alive 74 years

7. Birth date of deceased Feb 3 1905
(Month) (Day) (Year)

8. AGE: Years 78 Months 5 Days 18 If less than one day hr. min.

9. Birthplace Mo. 0
(City, town, or county) (State or foreign country)

10. Usual occupation yard man

11. Industry or business Deacon Donor

12. Name Daniel Campbell

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

14. Maiden name Cynthia Atchison

15. Birthplace unknown 7
(City, town, county) (State or foreign country)

16. (a) Informant Irene Wexley

(b) Address Columbia Mo

17. (a) Removal (b) Date thereof 7-23-43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Medico Mo

18. (a) Signature of funeral director C. H. Blackman
(b) Address H. S. Mo

19. (a) 7-23-43 (b) H. E. Brown
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 21 1943 hour 11 minute 15 P. M.

21. I hereby certify that I attended the deceased from July 1 1943 to July 21 1943
that I last saw h. im alive on July 21 1943
and that death occurred on the date and hour stated above.

Immediate cause of death Bronchopneumonia
Fracture left hip from accidental fall in home
Due to July 21, 1943

Other conditions 186 a
(Include pregnancy within 3 months of death) 18

Major findings: Of operations _____
Of autopsy _____

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) Accident 123
(b) Date of occurrence July 21, 1943
(c) Where did injury occur? Mo (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) (c) Means of injury Fall in home
23. Signature Dwight R. Brown (M. D. or other)
Address _____ Date signed _____

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

MOTHER FATHER

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.....

Licensed Embalmer No.....

P. O. Address.....

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.