

S. No. 2
M-2-43
5-17-39

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 25332

FILED AUG 5 1943 164

Primary Registration District No. 3032

Registrar's No. 76

1. PLACE OF DEATH:
 (a) County Johnson
 (b) City or town Warrensburg
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: Warrensburg Clinic
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 6 Weeks
 (Specify whether
 In this community 6 Weeks
 years, months or days)

2. USUAL RESIDENCE OF DECEASED:
 (a) State Mo. (b) County Jackson
 (c) City or town Lees Summit
 (If outside city or town limits, write "RURAL")
 (d) Street No. _____ (If rural, give location)
 (e) Citizen of foreign country? _____ (Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME Mary Belle Campbell
 3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex Female 5. Color or race W
 6. (a) Single, widowed, married, divorced Married
 6. (b) Name of husband or wife C.B. Campbell 6. (c) Age of husband or wife if alive 65 years
 7. Birth date of deceased Oct. 24, 1889
 (Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
53 8 22 hr. min.

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

10. Usual occupation Housewife

11. Industry or business _____

MOTHER FATHER
 12. Name J.W. Thomas
 13. Birthplace Unknown Missouri
 (City, town, or county) (State or foreign country)
 14. Maiden name Parazade Campbell
 15. Birthplace Unknown Missouri
 (City, town, or county) (State or foreign country)

16. (a) Informant C.B. Campbell

(b) Address Lees Summit, Mo.

17. (a) Burial (b) Date thereof July 18, 1943
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Odessa, Mo. Cemetery

18. (a) Signature of funeral director H. H. ...

(b) Address Odessa, Mo.

19. (a) July 19, 1943 (b) Seala M. Williams
 (Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 16
 year 1943 hour _____ minute _____ M.
 21. I hereby certify that I attended the deceased from May '43
 _____, 19 _____, to 7-16, 1943
 that I last saw him alive on 7-16-43, 1943
 and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma left kidney Duration 1 yr

Due to _____
 Due to _____

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

Major findings: 52 a
 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) (e) Means of injury 3

23. Signature R. F. McKimney (M. D. or other) me
 Address Warrensburg Mo Date signed 7-19-43

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

RECEIVED
District Health Officer No. 8,
District File Number
Date Filed 8-4-43

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.....

John A. Cantlon

Registered Apprentice No. 356

working under my personal supervision.

Signed

Joseph T. Human

Licensed Embalmer No. 2541

P. O. Address Odessa, 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.