

FILED DEC 22, 1943

Registration District No. **149**

Primary Registration District No. **1002**

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: **St. Luke's Hospital**  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution **1 week**  
In this community **as above** = completion. (Specify whether years, months or days)

3. (a) PRINT FULL NAME **RICHARD CALVIN CAMPION**  
3. (b) If veteran, name war **no.** 3. (c) Social Security No. **no.**

4. Sex **Male** 5. Color or race **White** 6. (a) Single, widowed, married, divorced **Single**  
6. (b) Name of husband or wife **X** 6. (c) Age of husband or wife if alive **X** years  
7. Birth date of deceased **July 2 1930**  
(Month) (Day) (Year)  
8. AGE: Years **13** Months **4** Days **24** If less than one day hr. min.

9. Birthplace **Missouri** (City, town, or county) (State or foreign country)  
10. Usual occupation **School student**  
11. Industry or business  
12. Name **Acie Calvin Campion**  
13. Birthplace **Missouri** (City, town, or county) (State or foreign country)  
14. Maiden name **Ernie Brady**  
15. Birthplace **Missouri** (City, town, or county) (State or foreign country)  
16. (a) Informant **A. G. Campion**  
(b) Address **603 So Benton Marshall Mo**  
17. (a) **Removal** (Burial, cremation, or removal) (b) Date thereof **11-28-43** (Month) (Day) (Year)  
(c) Place: burial or cremation **Marshall, Missouri.**  
18. (a) Signature of funeral director **Stine & McClure.**  
(b) Address **3235 Gillham Plaza, Kansas City, Mo.**  
19. (a) **11-30-43** (b) **D. E. Brown** (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:  
(a) State **Missouri** (b) County **118**  
(c) City or town **603 South Benton** (If outside city or town limits, write "RURAL")  
(d) Street No. **Marshall,** (If rural, give location)  
(e) Citizen of foreign country? **no.** (Yes or No)  
If yes, name country **X**

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month **November** day **27<sup>th</sup>**  
year **1943** hour **9** minute **30 P.M.**  
21. I hereby certify that I attended the deceased from **July 9, 1943**  
to **11/27**, 19**43**;  
that I last saw him alive on **11/27**, 19**43**;  
and that death occurred on the date and hour stated above.

Immediate cause of death **Acute Myelogenous Leukemia 5 mos.**  
Due to \_\_\_\_\_  
Due to \_\_\_\_\_  
Other conditions **oral spic 7/10 5 years**  
(Include pregnancy within 3 months of death)  
Major findings:  
Of operations \_\_\_\_\_  
Of autopsy **X**  
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) (c) Means of injury \_\_\_\_\_  
23. Signature **Charles V. Brine** (M. D. or other)  
Address **Plaza Med Bldg. K. City Mo** Date signed **11/29/43**

SEP 16 1953

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.....

*[Handwritten Signature]*  
.....  
Licensed Embalmer No. *8411*  
P. O. Address *[Handwritten 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.