S. No. 2
0M—2-43
5-17-39
I X35697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 41936

FILED JAN 11 1943

Registration District No. 1 [illegible]

Primary Registration District No. 5291

Registrar's No. 100

1. PLACE OF DEATH:

(a) County Clay

(b) City or town Rural (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Route 2 / Liberty, Mo (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution ..... (Specify whether In this community ..... years, months or days) 5 years

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Clay 24

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

(d) Street No. Route 2 Liberty (If rural, give location)

(e) Citizen of foreign country? ..... (Yes or No)

If yes, name country 1

3. (a) PRINT FULL NAME Mrs Anna L Campbell

3. (b) If veteran, name war ✓

3. (c) Social Security No. ✓

4. Sex Fe

5. Color or race White

6. (a) ~~Single~~, widowed, ~~married~~, ~~divorced~~ 2

6. (b) Name of husband or wife .....

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

7. Birth date of deceased March (Month) 31 (Day), 1860 (Year)

8. AGE: Years 83 Months 8 Days 21 If less than one day ..... hr. ..... min.

9. Birthplace ——— (City, town, or county) Ky 1 (State or foreign country)

10. Usual occupation Housewife

11. Industry or business .....

FATHER
12. Name George Harbison
13. Birthplace ..... (City, town, or county) Ky 1 (State or foreign country)

MOTHER
14. Maiden name Pernaica Foster
15. Birthplace ..... (City, town, or county) Ky 1 (State or foreign country)

16. (a) Informant H. H. Campbell

(b) Address 5124 Olive - K.C. Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Dec 24, 1943 (Month) (Day) (Year)

(c) Place: burial or cremation Woodlawn, Independence

18. (a) Signature of funeral director O W Newcomer Son

(b) Address 1401 Brush Creek K.C. Mo

19. (a) Dec 22-43 (Date received local registrar) (b) Helen Barly (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 22 p. year 1943 hour 12 minute 10 A.M.

21. I hereby certify that I attended the deceased from Dec 21, 1943, to Dec 22, 1943, that I last saw her alive on Dec 21, 1943, and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Bronchopneumonia	3 days
Due to	
Due to	
Other conditions Hypertension (Include pregnancy within 3 months of death)	Indep

Major findings:
Of operations .....
Of autopsy 107

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? ..... (Specify type of place)

While at work? ..... (e) Means of injury .....

23. Signature G W Hendrix (M. D. ~~or other~~)

Address Liberty, Mo. Date signed 1-4-44

426

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 8,
District File Number
Date Filed 1-10-44

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 D W Newsome Sons
J B Corder
~~Licensed Embalmer~~ No. as at
P. O. Address Funeral Direct

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.