

FILED MAR 18 1944

Registration District No. **1026**

Primary Registration District No. **1002**

Registrar's No. **1026**

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

1. PLACE OF DEATH:
(a) County **Jackson**
(b) City or town **Jackson**
(c) Name of hospital or institution: **716 E. 19th Home**
(If not in hospital or institution, write street number or location)
(d) Length of stay: **9 yrd.**
In this community **9 yrd.**
years, months or days

3. (a) PRINT FULL NAME **WILLIAM CAMPBELL**

3. (b) If veteran **WAR WITH SPAIN** name was
3. (c) Social Security No. **Don't know**

4. Sex **MALE** 5. Color or race **2 NEGRO**
6. (a) Single, widowed, married, divorced **2 WIDOWED**

6. (b) Name of husband or wife **NONE**
6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased **SEPT 22 1899**
(Month) (Day)

8. AGE: Years **64** Months **5** Days **10**
If less than one day hr. min.

9. Birthplace **Kentucky**
(City, town, or county) (State or foreign country)

10. Usual occupation **Laborer**

11. Industry or business **Don't know**

12. Name **Don't know**

13. Birthplace **Don't know**
(City, town, or county) (State or foreign country)

14. Maiden name **Don't know**

15. Birthplace **Don't know**
(City, town, or county) (State or foreign country)

16. (a) Informant **Leon Campbell**

(b) Address **716 E. 19**

17. (a) **Burial** (b) Date thereof **3-6-44**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Westlawn Cem.**

18. (a) Signature of funeral director **W. E. Greenstreet**

(b) Address **W. E. Greenstreet**

19. (a) **3-6-44** (b) **W. E. Brown**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State **Mo** (b) County **Jackson**
(c) City or town **Kansas City**
(If outside city or town limits, write "RURAL")
(d) Street No. **716 E. 19th**
(If rural, give location)
(e) Citizen of foreign country? **no** (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Mar.** day **2**
year **1944** hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from **2-27-44** 19 **44**
that I last saw him **alive** on **3-2-44** 19 **44**
and that death occurred on the date and hour stated above.

Immediate cause of death **Acute myocardial infarction**
Due to **Hypertension**
Due to **Cerebral hemorrhage**
Other conditions **none**
(Include pregnancy within 3 months of death)

Duration

PHYSICIAN

Major findings:
Of operations _____
Of autopsy **930**

Underline the cause to which death should be charged statistically.

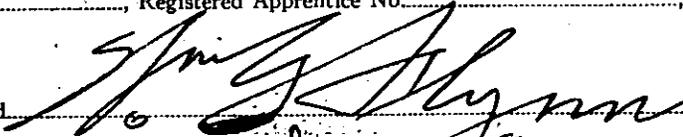
22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) _____
(b) Date of occurrence _____
(c) Where did injury occur? _____
(City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

23. Signature **W. E. Greenstreet** (M.D. or other)
Address **716 E. 19th** Date signed _____
What work? _____ (Specify type of place) (e) Means of injury _____

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. 92211

P. O. Address 1819 E. 15th St

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.