

FILED MAY 17 1944

Registration District No. 1000

Primary Registration District No. 1000

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

1. PLACE OF DEATH:

(a) County Buchanan

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

(c) Name of hospital or institution:  
1124 Ridenbaugh  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 20 years  
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Buchanan

(c) City or town St. Joseph  
(If outside city or town limits, write "RURAL")

(d) Street No. 1124 Ridenbaugh  
(If rural, give location)

(e) Citizen of foreign country? no (Yes or No)  
If yes, name country D

3. (a) PRINT FULL NAME IDA LUKE CAMPBELL

3. (b) If veteran, name war none

3. (c) Social Security No. none

4. Sex female

5. Color or race white

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

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

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

7. Birth date of deceased October 22 1865  
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>78</u>	<u>5</u>	<u>29</u>	hr. <u>    </u> min. <u>    </u>

9. Birthplace Elwood Kansas  
(City, town, or county) (State or foreign country)

10. Usual occupation at home

11. Industry or business     

12. Name William Luke

13. Birthplace Cambridge Ohio  
(City, town, or county) (State or foreign country)

14. Maiden name Mary Parker

15. Birthplace Cincinnati Ohio  
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Mable Highfield

(b) Address St. Joseph, Mo.

17. (a) burial (b) Date thereof 4/25/44  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Belmont Cemetery

18. (a) Signature of funeral director Heaton, Betole & Courman

(b) Address 319 South 10th

19. (a) 4/22/44 (b) Rose Kezoy  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 21  
year 1944 hour 11 minute 30P M.

21. I hereby certify that I attended the deceased from 3-16, 44 to 4-21-44, 1944; that I last saw her alive on 4-21-44, 1944; and that death occurred on the date and hour stated above.

Immediate cause of death General Carcinomatosis

Due to Primary carcinoma in right breast

Due to     

Other conditions       
(include pregnancy within 3 months of death)

Major findings:  
Of operations     

Of autopsy     

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) (Means of injury)

23. Signature Rose Kezoy (M. D. or other)       
Address 218 N. 7th St. St. Joseph, Mo. Date signed 2/22/44

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

1233

2-3355

**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 Ernest Thomas

Licensed Embalmer No. 2640

P. O. Address St. Joseph 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.**