

DEPARTMENT OF COMMERCE
BUREAU OF VITAL STATISTICS
FILED AUG 14 1944

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

23621

State File No. _____

3143

Registration District No. 149

Primary Registration District No. 1002

Registrar's No. _____

1. PLACE OF DEATH:

(a) County Jackson
(b) City or town Kansas City
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
4934 Central Street
(If not in hospital or institution, write street number or location) 1
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community 42 years
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson 48
(c) City or town Kansas City 36
(If outside city or town limits, write "RURAL")
(d) Street No. 4934 Central Street
(If rural, give location)
(e) Citizen of foreign country? NO (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME HENRY DAWSON CAMPBELL

3. (b) If veteran, name war no 3. (c) Social Security No. 486-09-8452

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Mrs. Sallie Bryan Campbell 6. (c) Age of husband or wife if alive 52 years

7. Birth date of deceased March 6th 1890
(Month) (Day) (Year)

8. AGE: Years 54 Months 4 Days 24 If less than one day
hr. _____ min.

9. Birthplace Joplin Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Mfg. Repr.

11. Industry or business Plumbing Supplies

MOTHER FATHER { 12. Name Henry P. Campbell

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

14. Maiden name Olive L. Dawson

15. Birthplace Mt. Pleasant, Iowa
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Sallie Bryan Campbell

(b) Address 4934 Central Street

17. (a) Burial (b) Date thereof 8-1-44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mount Moriah Cemetery

18. (a) Signature of funeral director Freeman Mortuary

(b) Address 104 West 42nd St., K.C., Mo.

19. (a) 8-1-44 (b) P. C. Brown
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 30th year 1944 hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from 8-28-43, 19____, to 7-30-44, 19____; that I last saw him alive on 7-30-44, 19____; and that death occurred on the date and hour stated above.

Immediate cause of death Hypernephroma, lung metastases and general metastases

Due to _____
Due to 52-a

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations Hypernephroma at time of operation with metastases

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) (Type) (Means of injury)

23. Signature Nelse F. C. ... (M.D. or other) Address 1530 Professional Bldg. Date signed 7-31-44

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

Mr. Nelson T. Decker
P.O. 3224
any time until 4:30 today
not in on Tues.

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 John J. Fessenden

Licensed Embalmer No. 481

P. O. Address Kansas City, 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.