

FILED OCT 24 1944
749

Registration District No. _____

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:
210 1/2 E 34th Terrace
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 28 years, months or days
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson

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

(d) Street No. 210 1/2 E 34th Terrace
(If rural, give location)

(e) Citizen of foreign country? — (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME MRS ANNIE HALSTEAD CAMPBELL

3. (b) If veteran, name war no

3. (c) Social Security No. no

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 14 year 1944 hour 1:30 minute P. M.

21. I hereby certify that I attended the deceased from August 28, 1944, to October 12, 1944; that I last saw her alive on October 8, 1944; and that death occurred on the date and hour stated above.

4. Sex Female 5. Color or race white 6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife Archibald Campbell 6. (c) Age of husband or wife if alive 81 years

7. Birth date of deceased February 28 1868
(Month) (Day) (Year)

Immediate cause of death apoplexy

Due to unknown

Due to unknown

8. AGE: Years 76 Months 7 Days 16 If less than one day hr. _____ min. _____

9. Birthplace Ireland 4
(City, town, or county) (State or foreign country)

Other conditions (Include pregnancy within 3 months of death) _____

Major findings: Of operations _____

Of autopsy _____

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

10. Usual occupation Housewife

11. Industry or business _____

MOTHER FATHER { 12. Name Margie Halstead

13. Birthplace Ireland 4
(City, town, or county) (State or foreign country)

14. Maiden name Johnson

15. Birthplace unknown 9
(City, town, or county) (State or foreign country)

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) (e) Means of injury 0

16. (a) Informant Archibald Campbell

(b) Address 210 1/2 E 34th St Ter KC Mo

17. (a) burial (b) Date thereof 10-17-44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St. Washington

18. (a) Signature of funeral director Stinson McClure

(b) Address 3235 Gillham Plaza KC Mo

19. (a) 10-14-44 (b) T. E. Brown (WJ)
(Date received local registrar) (Registrar's signature)

23. Signature Harold A. Bellott (M. D. or other) M.D.

Address 1132 Prof. Bldg. Mo. Date signed 10/14/44

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

Dr. Pallitte
Prof Bldg

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.....

S. J. Allen

Licensed Embalmer No.....

1415

P. O. Address.....

H. C. Missouri

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.