

Registration District No. **149**

Primary Registration District No. **1002**

Registrar's No. **5069**

1. PLACE OF DEATH:

(a) County **Jackson**  
(b) City or town **M.E.**  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: **General Hospital**  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution **3 hrs.**  
In this community **Don't know**  
years, months or days (Specify whether)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Mo. N.E.** (b) County **Jackson**  
(c) City or town **M.E.** (If outside city or town limits, write "RURAL.")  
(d) Street No. **545 Main** (If rural, give location)  
(e) Citizen of foreign country? **No** (Yes or No)  
If yes, name country **0**

3. (a) PRINT FULL NAME **Jackson Campbell**

3. (b) If veteran, name **Don't know** 3. (c) Social Security No. **Don't know**

20. DATE OF DEATH: Month **12** day **2**

year **1944** hour **9** minute **40 P.M.**

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

**CORONER**

Immediate cause of death: **Myocardial failure**

4. Sex **0 m** 5. Color or race **m** 6. (a) Single, widowed, married, divorced **Widow**  
6. (b) Name of husband or wife **7. unk.** 6. (c) Age of husband or wife if alive **7. unk.** years  
7. Birth date of deceased (Month) (Day) (Year)

8. AGE: Years **60** Months Days If less than one day hr. min.

9. Birthplace **7. unk.** (City, town, or county) (State or foreign country)

10. Usual occupation **none**

11. Industry or business

MOTHER } 12. Name **7. unk.**  
FATHER } 13. Birthplace (City, town, or county) (State or foreign country)  
14. Maiden name **7. unk.**  
15. Birthplace (City, town, or county) (State or foreign country)

16. (a) Informant **Cornelius D. Jese**  
(b) Address **415 E. 12 St.**

17. (a) **Burial** (b) Date thereof **12-11-44**  
(c) Place: Burial or cremation **H.C. Valley of Mt. Pleasant, Mo.**

18. (a) Signature of funeral director **H. J. Ferguson**  
(b) Address **K.C. 210**

19. (a) **12-14-44** (b) **H. E. Brown**  
(Date received local registrar) (Registrar's signature)

Due to **200 w**

Due to **200 w**

Other conditions (include pregnancy within 3 months of death)

Major findings: Of operations **Inspection & History**

Of autopsy **no**

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

23. Signature **Jackson Campbell** (M. D. or other)  
Address **1424 Poplar Rd.** Date signed **12-5-44**

PHYSICIAN  
Underline the cause to which death should be charged statistically.

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

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**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.....

P. O. Address.....

**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.**