

DEPARTMENT OF COMMERCE  
 BUREAU OF THE CENSUS  
 1945  
 THE STATE BOARD OF HEALTH OF MISSOURI  
 STANDARD CERTIFICATE OF DEATH

State File No. 2446  
 Registrar's No. 152

Registration District No. 150 Primary Registration District No. 5572

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

1. PLACE OF DEATH:  
 (a) County Jackson  
 (b) City or town Rural (Outside Jur)  
 (If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution:  
Jackson County Home  
 (If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution 2 weeks  
 (Specify whether  
 In this community 40 years  
 years, months or days)

3. (a) PRINT FULL NAME Eddie McCampbell  
 3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. none

4. Sex female 5. Color or race Col. 6. (a) Single, widowed, married, divorced, widow  
 6. (b) Name of husband or wife Walter 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
 7. Birth date of deceased unknown  
 (Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
about 68 hr. min.

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

10. Usual occupation House-work

11. Industry or business at home

12. Name Egibel Gordon  
 13. Birthplace Unknown  
 (City, town, or county) (State or foreign country)

14. Maiden name Unknown  
 15. Birthplace Unknown  
 (City, town, or county) (State or foreign country)

16. (a) Informant Otis McCampbell  
 (b) Address 1806 Summit

17. (a) Burial (b) Date thereof 12-9-44  
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Woodlawn R.C.P.  
 18. (a) Signature of funeral director Doris Thatcher  
 (b) Address 1500 N. 5th R.C.P.

19. (a) Dec. 8, 1944 (b) L.M. Schick  
 (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:  
 (a) State Mo. (b) County Jackson  
 (c) City or town St. C. Mo.  
 (If outside city or town limits, write "RURAL")  
 (d) Street No. 1806 Summit  
 (If rural, give location)  
 (e) Citizen of foreign country? No (Yes or No)  
 If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION  
 20. DATE OF DEATH: Month 12 day 3rd  
 year 44 hour 9 minute 0 M.  
 21. I hereby certify that I attended the deceased from 11-30  
1944, 19\_\_\_\_, to 12-2, 1944  
 that I last saw the alive on 12-1-, 1944  
 and that death occurred on the date and hour stated above.

Immediate cause of death Cerebrovascular Febrillation  
 Due to \_\_\_\_\_  
 Due to \_\_\_\_\_  
 Other conditions Asst  
 (Include pregnancy within 3 months of death)

PHYSICIAN  
 Major findings:  
 Of operations \_\_\_\_\_  
 Of autopsy \_\_\_\_\_  
 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 J. H. Griffin (Specify type of place) (c) Means of injury \_\_\_\_\_  
 (M. D. or other)  
 Address Jacksonville Mo Date signed 12-3-44

**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 \_\_\_\_\_

working under my personal supervision.

Signed \_\_\_\_\_

Registered Apprentice No. \_\_\_\_\_

Licensed Embalmer No. 1271

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.**