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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAR 19 1945

Registration District No. 1499

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1002.

State File No. 8498

Registrar's No. 955

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: 1400 East 28th. 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 45 Years years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson 48

(c) City or town Kansas City (If outside city or town limits, write "RURAL") 3

(d) Street No. 1400 East 28th. Street (If rural, give location) 8

(e) Citizen of foreign country? 0 (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME Bettie Katie Campbell

3. (b) If veteran, name war No

3. (c) Social Security No. None

4. Sex Female 1

5. Color or race White 0

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

6. (b) Name of husband or wife Thomas Volney Campbell

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

7. Birth date of deceased 1 (Month) 4 (Day) 1861 (Year)

8. AGE: Years 84 Months 1 Days 22 If less than one day hr. min.

9. Birthplace Miami (City, town, or county) Missouri 6 (State or foreign country)

10. Usual occupation At Home

11. Industry or business

FATHER
12. Name Robert Caroll Wright
13. Birthplace (City, town, or county) Kentucky 1 (State or foreign country)

MOTHER
14. Maiden name Mary Haney
15. Birthplace (City, town, or county) Va. 1 (State or foreign country)

16. (a) Informant Mrs. Maude Blake

(b) Address 1400 Ea st 28th. Street

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 3-1-1945 (Month) (Day) (Year)

(c) Place: burial or cremation Miami, Missouri

18. (a) Signature of funeral director Mrs. C.L.Forster

(b) Address Kansas City, Missouri

19. (a) 2-28-45 (Date received local registrar) (b) N. E. Brown (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month February day 26th. year 1945 hour 2 minute A. M.

21. I hereby certify that I attended the deceased from Feb 14, 1945, to Feb 26, 1945 that I last saw her alive on Feb 25, 1945; and that death occurred on the date and hour stated above.

Immediate cause of death Lobar Pneumonia — Duration 10 da

Due to Lobar Pneumonia

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations 108

Of autopsy

PHYSICIAN — 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? (Specify type of place)

While at work? (e) Means of injury 0

23. Signature J. L. Loffoon (M. D. or other)

Address Raytown Mo Date signed 2-27-45

(Licensed Embalmer's Statement on Reverse Side)

Dr. F.L.LaFoon Argyle Bldg.
Ha.3733
Will be in office 1 to 5 P.M.

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 Theron R. Redman

Licensed Embalmer No. 2237

P. O. Address Ft. C. 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.