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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUL 3 1945

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 19430

Registration District No. 749 Primary Registration District No. 1002 Registrar's No. 2658

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: General Hospital #1 6
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 6-19-45 - 6-24-45 (Specify whether
In this community one year
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson 48

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

(d) Street No. 2924 Wayne 8
(If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME JOHN CAMPBELL

3. (b) If veteran, name war no

3. (c) Social Security No. none

4. Sex M 0

5. Color or race W

6. (a) Single, widowed, married, divorced 1

6. (b) Name of husband or wife Maude Campbell

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

7. Birth date of deceased Sept. (Month) 23 (Day) 1888 (Year)

8. AGE: Years 56 Months 9 Days 1 If less than one day hr. min.

9. Birthplace Johnstown (City, town, or county) Missouri 0 (State or foreign country)

10. Usual occupation Farmer

11. Industry or business

FATHER
12. Name Henry Campbell
13. Birthplace (City, town, or county) Ohio 1 (State or foreign country)

MOTHER
14. Maiden name Morrison -Ohio
15. Birthplace (City, town, or county) Ohio 1 (State or foreign country)

16. (a) Informant Record Office
(b) Address Kansas City Mo

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 6-23-45 (Month) (Day) (Year)
(c) Place: burial or cremation Clinton Mo

18. (a) Signature of funeral director Wilkinson Fun. Home
(b) Address Clinton Mo

19. (a) 6-23-45 (Date received local registrar) (b) Geraldine Holmes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 24
year 1945 hour 6 minute 5 P.M.

21. I hereby certify that I attended the deceased from June 19, 1945 to June 24, 1945;
that I last saw him alive on June 24, 1945
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Encepholomalacia	
Due to thrombosis of cerebral vessel	
Due to	
Other conditions (Include pregnancy within 3 months of death) 83 K	
Major findings: Of operations	
Of autopsy As above	

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 Clark W Seely (M. D. or other)

Address Gen. Hosp. #1 Date signed

(Licensed Embalmer's Statement on Reverse Side)

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 Fred Wilkinson

Licensed Embalmer No. 2478

P. O. Address Clinton 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.