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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

1235

State File No.

FILED JAN 21 1946

Registration District No. 177 Primary Registration District No. 1002 Registrar's No. 48

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

874

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 No. 1
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 4 days (Specify whether years, months or days)
In this community unknown

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. 1742 Winchester 8
(If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME Ed Campbell

3. (b) If veteran, name war no

3. (c) Social Security No. none

4. Sex M

5. Color or race W

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

6. (b) Name of husband or wife unknown

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

7. Birth date of deceased Dec. (Month) 12, (Day) 1856 (Year)

8. AGE: Years 89 Months 0 ~~8~~ Days 20 If less than one day hr. min.

9. Birthplace Lafayette Co. (City, town, or county) Mo. (State or foreign country)

10. Usual occupation Laborer

11. Industry or business

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

MOTHER
14. Maiden name Margaret Carlyle
15. Birthplace (City, town, or county) Mo. (State or foreign country)

16. (a) Informant Geo. E. Campbell
(b) Address Warrensburg, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan. 3, 1946 (Month) (Day) (Year)
(c) Place: burial or cremation Bates City, Mo.

18. (a) Signature of funeral director Husman-Sparks
(b) Address Odessa, M.

19. (a) 1-5-46 (Date received local registrar) (b) Geraldine Holmes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan. day 2 year 1946 hour 8 minute 30 P.M.

21. I hereby certify that I attended the deceased from Dec. 29, 1945, to Jan. 2, 1946; that I last saw him alive on Jan. 2, 1946; and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Arteriosclerotic heart disease	
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death) 93 d	

Major findings:
Of operations
Of autopsy None

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

23. Signature Clark W Seely M.D. (M.D. or other)
Address Med. Dir. Gen'l Hosp. Date signed 1-3-46

(Licensed Embalmer's Statement on Reverse Side)

Dr. Sparks

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 W.T.Sparks, Registered Apprentice No. 305, working under my personal supervision.

Signed Irving F. Hugman

Licensed Embalmer No. 2541

P. O. Address Odessa, 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.