

**FILED** APR 29 1946  
Registration District No. **177**

Primary Registration District No. **1002**

Registrar's No. **1756**

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:  
**Conv. Home 3231 Prospect 4**  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution **no. 3 weeks**  
(Specify whether  
In this community **26 years**  
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. **3304 Benton 8**  
(If rural, give location)  
(e) Citizen of foreign country? **no. 0** (Yes or No)  
If yes, name country **X**

3. (a) PRINT FULL NAME **Mrs. Rachel T. Campbell**

3. (b) If veteran, name war **no.** 3. (c) Social Security No. **no.**

4. Sex **female** / 5. Color or race **white** 6. (a) Single, widowed, married, divorced **Married**  
6. (b) Name of husband or wife **R. C. Campbell** 6. (c) Age of husband or wife if alive **unknown** years  
7. Birth date of deceased **April 8 1860**  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
**86 0 7**  
hr. min.

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

10. Usual occupation **at home**

11. Industry or business **X**

MOTHER FATHER  
12. Name **Fleming Jameson**  
13. Birthplace **Kentucky**  
(City, town, or county) (State or foreign country)  
14. Maiden name **Mary Head**  
15. Birthplace **Kentucky**  
(City, town, or county) (State or foreign country)

16. (a) Informant **Mrs. Pauline C. White**  
(b) Address **1529 E. 48th Ter., K. C., Mo.**

17. (a) **burial** (b) Date thereof **4-17-46**  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation **Forest Hill Cemetery**

18. (a) Signature of funeral director **Stim & McClure**  
(b) Address **3235 Gillham Plaza, K. C., Mo.**

19. (a) **4-15-46** (b) **Heraldine Holmes**  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **April** day **15**  
year **1946** hour **1:30** minute **A.** M.

21. I hereby certify that I attended the deceased from **April 12**, 19**46**, to **April 15**, 19**46**, that I last saw her alive on **April 15, 1946** and that death occurred on the day and hour stated above.

Immediate cause of death **Lobar pneumonia. 3 days**  
Due to **Enteric sepsis. 10 yrs**  
Due to **old age**

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations **no** / **108**  
Of autopsy **no**  
PHYSICIAN  
Underline the cause to which death should be charged anatomically.

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  
Signature **M. B. Campbell** (M.D. or other)  
**4000 Ballman H. 0464-1756**

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

ELITE

40 Pultrones

Dr. Casebolt

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 Robert H Reed

Licensed Embalmer No. 3745

P. O. Address. N.C. 700

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.