

S. No. 2  
DM-5-43  
v. 5-17-39  
P. I. X36671

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS  
FILED JUL 16 1946

STATE OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 23530  
2928  
Registrar's No.

Registration District No. 149 Primary Registration District No. 1002

1. PLACE OF DEATH:  
(a) County Jackson  
(b) City or town Kansas City  
(c) Name of hospital or institution Northeast Hospital  
(d) Length of stay: In hospital or institution 1 hr  
In this community 1 hr

2. USUAL RESIDENCE OF DECEASED:  
(a) State Mo (b) County Jackson  
(c) City or town Kansas City  
(d) Street No. 431 Smalley  
(e) Citizen of foreign country? NO

3. (a) PRINT FULL NAME Infant Campbell  
(b) If veteran, name war no (c) Social Security No. NO

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month 7 day 2 year 1946 hour minute M.  
21. I hereby certify that I attended the deceased from 7-2 1946 to 7-2 1946  
that I last saw her alive on 7-2 1946 and that death occurred on the date and hour stated above.

4. Sex Fem | 5. Color or race Wh | 6. (a) Single, widowed, married, divorced Single  
6. (b) Name of husband or wife // 6. (c) Age of husband or wife if alive // years  
7. Birth date of deceased 7/2/46

Immediate cause of death Premature Birth  
Due to  
Due to

8. AGE: Years Months Days If less than one day  
0 0 0 1 hr. min.

Other conditions  
Major findings: 159  
Of operations  
Of autopsy

9. Birthplace Kansas City, Mo.  
10. Usual occupation //  
11. Industry or business //

PHYSICIAN  
Underline the cause to which death should be charged statistically.

MOTHER FATHER {  
12. Name William Campbell  
13. Birthplace Kansas City, Mo.  
14. Maiden name Bernice Richardson  
15. Birthplace Carthage, Mo.  
16. (a) Informant William Campbell  
(b) Address Kansas City, 431 Smalley  
17. (a) Burial (b) Date thereof 7/3/46  
(c) Place: burial or cremation Green Lawn Cem.  
18. (a) Signature of funeral director John P. Sheil  
(b) Address K. C. Mo.  
19. (a) 7-4-46 (b) Geraldine Holmes

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?  
(d) Did injury occur in or about home, on farm, in industrial place, in public place?  
23. Signature (M. D. or D.O.)  
Address Date signed 7-3-46

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

**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

*John P. Sheel*

Licensed Embalmer No. 36257

P. O. Address. 6648

**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.**