

**FILED SEP 9 1946**

**3731**

Registration District No. 149

Primary Registration District No. 1002

Registrar's No. \_\_\_\_\_

**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 #2  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 102 days  
45 years (Specify whether years, months or days)  
In this community \_\_\_\_\_

**2. USUAL RESIDENCE OF DECEASED:**

(a) State Missouri (b) County Jackson  
(c) City or town Kansas City  
(If outside city or town limits, write "RURAL")  
(d) Street No. 2842 Wabash Avenue  
(If rural, give location)  
(e) Citizen of foreign country? No (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME ARTHUR CAMPBELL

3. (b) If veteran, name war no

3. (c) Social Security No. None  
495-23-112

4. Sex Male 2  
5. Color or race Negro

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

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

6. (c) Age of husband or wife if alive 59 years

7. Birth date of deceased Nov. 27, 1880  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
65 9 3 \_\_\_\_\_ hr. \_\_\_\_\_ min.

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

10. Usual occupation none

11. Industry or business \_\_\_\_\_

12. Name John Campbell

13. Birthplace Missouri  
(City, town, or county) (State or foreign country)

14. Maiden name Sarah Divers

15. Birthplace Missouri  
(City, town, or county) (State or foreign country)

16. (a) Informant Beulah Campbell

(b) Address 2842 Wabash Avenue LI. 5709

17. (c) burial Date thereof 9-4-46  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Highland

18. (a) Signature of funeral director Kansas City, Mo.

(b) Address \_\_\_\_\_

19. (a) 8-31-46 (b) G. Waldine Holmes  
(Date received local registrar) (Registrar's signature)

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month August day 30  
year 1946 hour 10 minute 30 a. M.

21. I hereby certify that I attended the deceased from May 20, 1946 to August 30, 1946; that I last saw him alive on August 30, 1946; and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of Ascending Colon with Massive Necrosis

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions 462  
(Include pregnancy within 3 months of death)

Major findings: Of operations \_\_\_\_\_

Of autopsy Same

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 0

23. Signature G. Waldine Holmes (M. D. or other) M.D.

Address 600 E. 22nd St. Date signed 8/31/46

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

MOTHER FATHER

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**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.....

*Clifford T Woods*

Licensed Embalmer No. *Mo. 3106*

P. O. Address *335 Parallel K.C. K*

**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.**