

No. 2
-12-45
5-17-39
X47070

FILED **STANDARD CERTIFICATE OF DEATH**

State File No. **33474**
Registrar's No. **4283**

Registration District No. **149** Primary Registration District No. **1002**

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

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: 5601 Forest /
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution none (Specify whether years, months or days)

In this community 60 years (Specify whether years, months or days)

3. (a) PRINT FULL NAME Thomas C. CAMPBELL

3. (b) If veteran, name war no

3. (c) Social Security No. none

4. Sex male 5. Color or race white

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

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

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

7. Birth date of deceased April 16 1863
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>83</u>	<u>5</u>	<u>24</u>	hr. min.

9. Birthplace Ireland 4
(City, town, or county) (State or foreign country)

10. Usual occupation Retired

11. Industry or business At home

MOTHER FATHER

12. Name Unknown

13. Birthplace Ireland 4
(City, town, or county) (State or foreign country)

14. Maiden name Unknown

15. Birthplace Ireland 4
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Wm. R. Fisher

(b) Address 5601 Forest, K. C., Mo.

17. (a) Burial (b) Date thereof 10-12-46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St. Mary's Cemetery

18. (a) Signature of funeral director Melody-McGilley-Eyler

(b) Address Kansas City, Missouri

19. (a) 10-11-46 (b) Geraldine Holmes
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson **48**

(c) City or town Kansas City **5**
(If outside city or town limits, write "RURAL")

(d) Street No. 5601 Forest Avenue **8**
(If rural, give location)

(e) Citizen of foreign country? no (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 10
year 1946 hour 2 minute A. M.

21. I hereby certify that I attended the deceased from Sept 16
1946, to Oct 10, 1946;
that I last saw him alive on Oct 7, 1946;
and that death occurred on the date and hour stated above.

Immediate cause of death Cardiac failure acute **2 days**

Due to arteriosclerosis & hypertension **years**

Due to Fractured Right leg from fall on steps **3 weeks**

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

Major findings: as above **5**

Of operations _____

Of autopsy no **1860's**

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) Accident **12-3**

(b) Date of occurrence Sept 16-1946

(c) Where did injury occur? H.C. Jackson MO
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? Home

While at work? no (Specify type of place)

(e) Means of injury fell from step

23. Signature John T. Shumier (M. D. or other) **MD**

Address 1012 Grand Ave Date signed 10-10-46

K. EMO

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.....

Dean Cole

Registered Apprentice No. *408*

working under my personal supervision.

Signed.....

Russell W. France

Licensed Embalmer No. *4255*

P. O. Address. *K.C. 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..