S. No. 2
M—5-43
v. 5-17-39
I X36671

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED APR 28 1947

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 13557

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 1754

1. PLACE OF DEATH:
(a) County JACKSON
(b) City or town KC MO (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: HOME 1627 Broadway (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether
In this community 20 yrs. years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo (b) County JACKSON
(c) City or town K.C. Mo. (If outside city or town limits, write "RURAL")
(d) Street No. 1627 BROADWAY (If rural, give location)
(e) Citizen of foreign country? NO (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME DOROTHY McCAMPBELL

3. (b) If veteran, name war NO
3. (c) Social Security No. ~~DONT KNOW~~ 495-09-8224
4. Sex FE 3
5. Color or race NEGRO
6. (a) Single, widowed, married, divorced MARRIED
6. (b) Name of husband or wife OTIS
6. (c) Age of husband or wife if alive 40 years
7. Birth date of deceased (Month) (Day) (Year) 1903

8. AGE: Years 44 | Months | Days | If less than one day hr. min.

9. Birthplace (City, town, or county) MO (State or foreign country)
10. Usual occupation MENDER
11. Industry or business LONG-HALL LAUNDRY
FATHER
12. Name ED. COOLIDGE
13. Birthplace (City, town, or county) MO (State or foreign country)
MOTHER
14. Maiden name GEORGIA ?
15. Birthplace (City, town, or county) DONT KNOW (State or foreign country)
16. (a) Informant Otis McCampbell
(b) Address 1627 Broadway (Rear) KC Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 4-18-47 (Month) (Day) (Year)
(c) Place: burial or cremation Woodland Cem. KCK
18. (a) Signature of funeral director Flynn + Greenstreet
(b) Address 1819 E. 15th Str KC Mo.
19. (a) 4-18-47 (Date received local registrar) (b) Thaldine Holmes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 4 day 14 year 1947 hour 6 minute 10 P.M.
21. I hereby certify that I attended the deceased from Deputy to Coroner, 19 ; that I last saw h alive on , 19 ; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Cardiac Failure	
Due to Hypertensive Heart	
Due to Disease	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations 93	
Of autopsy No-Permit	

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 Deputy Coroner 3
23. Signature [illegible] (M. D. or other)
Address 2836 Brooklyn Date signed 4-17-47

(Licensed Embalmer's Statement on Reverse Side)

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 D. J. Manlove

Licensed Embalmer No. 3994

P. O. Address 2503 Highland

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.