S. No. 2
I—1/47
5-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 23705

FILED AUG 13 1947

Registration District No. 72 — Primary Registration District No. 5289 — Registrar's No. 93

1. PLACE OF DEATH:

(a) County: Clay

(b) City or town: Clay Coma Village, Rural (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Home (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution ..... (Specify whether years, months or days) In this community: 5½ years

2. USUAL RESIDENCE OF DECEASED:

(a) State: Missouri (b) County: Clay 24

(c) City or town: Clay Coma Village Rural (If outside city or town limits, write "RURAL")

(d) Street No.: RR#5 North Kansas City (If rural, give location)

(e) Citizen of foreign country? No (Yes or No)

If yes, name country: X

3. (a) PRINT FULL NAME: THOMAS J. CAMPBELL

3. (b) If veteran, name war: X

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: Lettie Jane Campbell

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

7. Birth date of deceased: November (Month) 5 (Day) 1861 (Year)

8. AGE: Years	Months	Days	If less than one day
85	8	24	X hr. X min.

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

10. Usual occupation: Retired Farmer

11. Industry or business: Same as above

FATHER
12. Name: William A. Campbell
13. Birthplace: Madison County (City, town, or county) Kentuckey (State or foreign country)

MOTHER
14. Maiden name: Salina Watson
15. Birthplace: Unknown (City, town, or county) Unknown (State or foreign country)

16. (a) Informant: Mrs. Chas Dyer
(b) Address: RR#5 North Kansas City, Mo.

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof: 7/31/47 (Month) (Day) (Year)
(c) Place: burial or cremation: Lawson, Mo.

18. (a) Signature of funeral director: Morton-Smith's F.H.
(b) Address: 832 Armour Rd. N.K.C., Mo.

19. (a) July 31st - 47 (Date received local registrar) (b) Beulah Kitchen (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 29 year 1947 hour 3 minute 00 P.M.

21. I hereby certify that I attended the deceased from July 27, 1947 to July 29, 1947 that I last saw him alive on 29 July, 1947 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Myocarditis	
Due to: Senility	
Due to: Arteriosclerosis	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

93B

PHYSICIAN — Underline the cause of 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

23. Signature: Helen Langhus (M. D. or other)

Address: NO KC Mo Date signed: 7-30-47

Jefferson City Printing Co. (Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 8
District File Number
Date Filed 8-12-47

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 Chester J. Stanning, Registered Apprentice No. 447, working under my personal supervision.

Signed Theron O. Smith

Licensed Embalmer No. 3928

P. O. Address North Kans City

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.