. No. 2
—1/47
5-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 24120

FILED AUG 7 1947

Registration District No. 147

Primary Registration District No. 1002

Registrar's No. 3095

WRITE PLAINLY—USING 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~~: RESEARCH HOSPITAL
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or ~~institution~~ 1 DAY (Specify whether
In this community 25 YEARS
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State MISSOURI (b) County JACKSON 48
(c) City or town KANSAS CITY 3
(If outside city or town limits, write "RURAL")
(d) Street No. 3930 TROOST AVENUE 8
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME MRS. BLANCHE CAMPBELL
3. (b) If veteran, name war No
3. (c) Social Security No. 500-03-8269
4. Sex FEMALE
5. Color or race WHITE
6. (a) Single, widowed, married, divorced DIVORCED
6. (b) Name of husband or ~~wife~~ MR. JOHN L. CAMPBELL
6. (c) Age of husband or wife if alive 53 years
7. Birth date of deceased JANUARY (Month) 21 (Day) 1895 (Year)

8. AGE: Years 52 Months 6 Days 1 If less than one day ..... hr. ..... min.

9. Birthplace BELLEVUE (City, town, or county) IOWA (State or foreign country)
10. Usual occupation EMPLOYEE COSMETICS DEPT
11. Industry or business PECK'S STORE OF K.C. MO.
FATHER
12. Name FRANK A. ARENS
13. Birthplace Unknown (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name ELIZABETH KASS
15. Birthplace BELLEVUE (City, town, or county) IOWA (State or foreign country)
16. (a) Informant BERT LEE CAMPBELL
(b) Address 3930 TROOST AVENUE
17. (a) REMOVAL (Burial, cremation, or removal) (b) Date thereof 7-24-1947
(c) Place: burial or ~~cremation~~ SILVER LAKE CEMETERY LAKE PARK, IOWA
18. (a) Signature of funeral director D. H. Newcomer's Sons
(b) Address 1401 BRUSH CREEK BLVD.
19. (a) 7-23-47 (Date received local registrar) (b) Geraldine Holmes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month JULY day 22ND
year 1947 hour 1 minute 30 P. M.
21. I hereby certify that I attended the deceased from March 7, 1946, to 7-22- 1947;
that I last saw her alive on 7-22- 1947;
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Metastatic Carcinoma	
Due to Adeno Carcinoma of Ovary	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy No 49a	

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 J. G. Montgomery (M. D. ~~or other~~)
Address 1332 Prof. Bldg. Date signed 7-23-

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

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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: Melvin Miller

Licensed Embalmer No. 4407

P. O. Address Kansas City 3, 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.