S. No. 2
—1/47
5-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED AUG 26 1947

Registration District No. 149

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1002

State File No. 27614

Registrar's No. 3489

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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: General Hospital No. 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 3 days (Specify whether
In this community 3 days.
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County 65
(c) City or town Princeton 1
(If outside city or town limits, write "RURAL")
(d) Street No. 0
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No) 1
If yes, name country

3. (a) PRINT FULL NAME Paul T. 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 Single

6. (b) Name of husband or wife

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

7. Birth date of deceased Aug. 10, 1947 (Month) (Day) (Year)

8. AGE: Years | Months | Days 3 | If less than one day hr. min.

9. Birthplace Princeton, Mo. (City, town, or county) (State or foreign country)

10. Usual occupation infant

11. Industry or business

FATHER
12. Name Harry Campbell
13. Birthplace Missouri (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Donna Casey
15. Birthplace Iowa (City, town, or county) (State or foreign country) 1

16. (a) Informant Record Clerk
(b) Address General Hospital No. 1

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 8-14-47 (Month) (Day) (Year)
(c) Place: burial or cremation Princeton Mo

18. (a) Signature of funeral director H. Dean Martin
(b) Address Princeton Mo

19. (a) 8-14-47 (Date received local registrar) (b) Geraldine Holmes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug. day 13
year 1947 hour 1 minute 45 P. M.

21. I hereby certify that I attended the deceased from Aug. 10, 1947, to Aug. 13, 1947 that I last saw him alive on Aug. 13, 1947 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Massive atelectasis	
Neonatorum sclerema	
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy None	

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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? 0 (Specify type of place)
While at work? (e) Means of injury

23. Signature Wm W. Hart (M. D. or other) MD
Address Med. Dir. Gen'l Hosp. Date signed 8-14-47

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

Dr. Parmer

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 Not Embalmed, Registered Apprentice No. ....., working under my personal supervision.

Signed H. Irvan Martin

Licensed Embalmer No. 3760

P. O. Address Princeton 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.