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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED NOV 8 1947

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

34406

State File No. _____
Registrar's No. 4477

Registration District No. 149

Primary Registration District No. 1002

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: St. Luke's Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 2 weeks (Specify whether
In this community 46 years years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Jackson
(c) City or town Independence
(If outside city or town limits, write "RURAL")
(d) Street No. 516 - South Liberty st.
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME CHARLES EDWARD CAMPBELL
3. (b) If veteran, name war None
3. (c) Social Security No. None

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month October day 25
year 1947 hour 9 minute 30 AM

4. Sex Male 5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Effie Gertrude
6. (c) Age of husband or wife if alive 72 years
7. Birth date of deceased January 27, 1871
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from October 13, 1947, to Oct 25, 1947
that I last saw him alive on Oct 20, 1947
and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day
76 8 28 - hr. - min.

Immediate cause of death Acute coronary thrombosis
Due to Pyelonephritis

9. Birthplace Pink Hill, Missouri
(City, town, or county) (State or foreign country)

Due to Benign Hypertrophy of Prostate

10. Usual occupation Carpenter

Other conditions (Include pregnancy within 3 months of death) 137a

11. Industry or business Retired

Major findings: Of operations Benign Hypertrophy of prostate
Of autopsy Pyelonephritis & Coronary occlusion death
PHYSICIAN _____ Underline the cause to which death should be charged statistically.

MOTHER FATHER

12. Name Joseph Edward Campbell

13. Birthplace Unknown Virginia
(City, town, or county) (State or foreign country)

14. Maiden name Margaret E. Harra

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

16. (a) Informant Joseph E. Campbell
(b) Address 118-E. Southside Blvd., Independence

17. (a) Burial (b) Date thereof 10-28-47
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Buckner, Missouri
18. (a) Signature of funeral director Att + Mitchell
(b) Address 310-N. Main st., Independence

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) _____
(b) Date of occurrence _____

19. (a) 10-27-47 (b) Sheraldine Holmes
(Date received local registrar) (Registrar's signature)

(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? _____

While at work? _____ (Specify type of place) (e) Means of injury C
23. Signature Rose P. Altner (M. D. or other)
Address 1530 Prof. Bldg. Date signed 10/27/47

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

MAY 25 1948

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.....

R. Alan Griffith....., Registered Apprentice No. *451*
working under my personal supervision.

Signed.....

G. D. Mitchell

Licensed Embalmer No. *3925*

P. O. Address *Indep. 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.