No. 2
-1/47
-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. 38047

FILED DEC 9 1947

Registration District No. 149

Primary Registration District No. 1002

Registrar's No. 5002

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: KC General Hosp. #1
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution: 17½ hours (Specify whether
In this community: 55 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.: 412 Colorado 8
(If rural, give location)

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

If yes, name country: ------ 0

3. (a) PRINT FULL NAME: MISS MARTHA CAMPBELL

3. (b) If veteran, name war: No

3. (c) Social Security No.: None

4. Sex: FEMALE 1

5. Color or race: WHITE

6. (a) Single, widowed, married, divorced: SINGLE 0

6. (b) Name of husband or wife: —

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

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

8. AGE: Years 86 | Months 6 | Days 3 | If less than one day ... hr. ... min.

9. Birthplace: LAWRENCE. KANSAS 1
(City, town, or county) (State or foreign country)

10. Usual occupation: AT HOME

11. Industry or business: ------

FATHER
12. Name: WILLIAM CAMPBELL
13. Birthplace: MARYLAND 4
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name: SARAH WOOD INDIANA
15. Birthplace: INDIANA 1
(City, town, or county) (State or foreign country)

16. (a) Informant: Mrs. Russell
(b) Address: Holton Kansas

17. (a) CREMATION (Burial, cremation, or removal) (b) Date thereof: Nov-30-1947 (Month) (Day) (Year)
(c) Place: ~~burial or~~ cremation: DW NEWCOMERS SONS

18. (a) Signature of funeral director: D.W. Newcomers Sons
(b) Address: 1401 - BRUSH CREEK BLVD.

19. (a) 11-29-47 (Date received local registrar) (b) Geraldine Holmes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 28
year 1947 hour 12 minute 55 P M.

21. I hereby certify that I attended the deceased from Nov. 27th, 1947, to Nov. 28, 1947, that I last saw her alive on 11-28, 1947 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Carcinoma of bile duct	
Due to:	
Due to:	
Other conditions (Include pregnancy within 3 months of death): 1/6	
Major findings: Of operations:	
Of autopsy: As above	

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: 0

23. Signature: Wm W. Hart (M. D. or other) MD

Address: MED DIR K.C. GENERAL HOSPITAL Date signed: NOV-28-1947

Jefferson City Printing Co.

(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 John E. Making, Registered Apprentice No. 504, working under my personal supervision.

Signed Elsear Worthey

Licensed Embalmer No. 1767

P. O. Address Kansas 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.