

FILED MAR 27 1948

Registration District No. 149

Primary Registration District No. 1002

Registrar's No. 1207

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: 2931 Myrtle 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 45 years (Specify whether
in this community _____ years, months or days)

3: (a) PRINT FULL NAME Ralph B. Campbell

3. (b) If veteran, name war no. 3. (c) Social Security No. No

4. Sex m 5. Color or race Col. 6. (a) Single, widowed, married, divorced mar.
6. (b) Name of husband or wife Florence Campbell 6. (c) Age of husband or wife if alive 48 years
7. Birth date of deceased 1 23 1883
(Month) (Day) (Year)

8. AGE: Years 65 Months 1 Days 20 If less than one day hr. min.

9. Birthplace Saginaw Michigan
(City, town, or county) (State or foreign country)

10. Usual occupation Porter

11. Industry or business

12. Name Ralph B. Campbell
13. Birthplace Saginaw Idaho
(City, town, or county) (State or foreign country)
14. Maiden name May
15. Birthplace Niagara Falls N.Y.
(City, town, or county) (State or foreign country)

16. (a) Informant Florence Campbells
(b) Address 2931 Myrtle

17. (a) Burial (b) Date thereof 3-17-48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Lincoln Cem.

18. (a) Signature of funeral director Adkins Pres.

(b) Address 2000 E. 12th K.C. Mo.

19. (a) 3-17-48 (b) Shadline Holmes
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Jackson
(c) City or town K.C.
(d) Street No. 2931 Myrtle
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 13
year 1948 hour 4 minute 40 P. M.

21. I hereby certify that I attended the deceased from Sept. 4
1947 to March 13, 1948.
that I last saw him alive on March 13, 1948.
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Apoplexy Duration _____

Due to Cerebral Sclerosis
Arteriosclerosis

Due to _____

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations g3w
Of autopsy _____

PHYSICIAN

Underline the cause to 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

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

23. Signature [Signature] (P. or other) _____
Address 1830 Vine Date signed 3-15-48

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

MOTHER FATHER

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 A.T. Moore

Licensed Embalmer No. 948

P. O. Address.....

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.