

FILED OCT 7 1950

STANDARD CERTIFICATE OF DEATH

State File No. **30325**
Registrar's No. **3949**

BIRTH NO. _____ REG. DIST. NO. **149** PRIMARY REG. DIST. NO. **1002**

1. PLACE OF DEATH
a. COUNTY **Jackson**
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN **Kansas City**
c. LENGTH OF STAY (in this place) **2 Yrs.**
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION **Research Hosp.**

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
a. STATE **Missouri** b. COUNTY **Jackson**
c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN **Kansas City**
d. STREET ADDRESS (If rural, give location) **5509 Tracy Avenue**

3. NAME OF DECEASED
a. (First) **Anna** b. (Middle) **Mary** c. (Last) **CAMPBELL**
4. DATE OF DEATH (Month) (Day) (Year) **Sept. 16, 1950**

5. SEX **Female** / 6. COLOR OR RACE **White** 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) **Widowed** 8. DATE OF BIRTH **Sept. 15, 1884** 9. AGE (In years last birthday) **66** IF UNDER 1 YEAR Hours Mins. **0 0** IF UNDER 6 HRS. Hours Mins.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) **Housewife** 10b. KIND OF BUSINESS OR INDUSTRY **Home** 11. BIRTHPLACE (State or foreign country) **St. Joseph, Mo.** 12. CITIZEN OF WHAT COUNTRY? **USA**

13a. FATHER'S NAME **Bernard Geiger** 13b. MOTHER'S MAIDEN NAME **Mary T. Meister** 14. NAME OF HUSBAND OR WIFE **John P. Campbell Sr.**

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) **No** (If yes, give war or dates of service) 16. SOCIAL SECURITY NO. **None** 17. INFORMANT'S SIGNATURE OR NAME **Mrs. Will J. Olson** ADDRESS **5509 Tracy, K. C., Mo.**

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)
1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) mesenteric thrombosis
ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) unknown
DUE TO (c)
II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.
Chronic Rheumatoid arthritis. Cardiovascular renal disease.
INTERVAL BETWEEN ONSET AND DEATH **5 7 1/2**

19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION 20. AUTOPSY? YES NO

21a. ACCIDENT SUICIDE HOMICIDE (Specify) 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) **Kansas City Jackson Mo.**

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) 21e. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK 21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from **July 27, 1949**, to **Sept 16, 1950**, that I last saw the deceased alive on **Sept 16, 1950**, and that death occurred at **10:25 P.M.**, from the causes and on the date stated above.

23a. SIGNATURE **Harold A. Pallett** (Degree or title) **MD** 23b. ADDRESS **1132 Prof. Blvd. K.C., Mo.** 23c. DATE SIGNED **9/16/50**

24a. BURIAL, CREMATION, REMOVAL (Specify) **Removal** 24b. DATE **9-17-50** 24c. NAME OF CEMETERY OR CREMATORY 24d. LOCATION (City, town, or county) (State) **San Antonio, Texas**

DATE REC'D BY LOCAL REG. **9-17-50** REGISTRAR'S SIGNATURE **S. Geraldine Holmes** 25. FUNERAL DIRECTOR'S SIGNATURE **Melody-McGilley-Eylar** ADDRESS **1800 Linwood Blvd. K. C., Mo.**

(Licensed Embalmer's Statement on Reverse Side)

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

Dr. Pallett
Professional Bldg.
From 1 to 6 P. M. Sat.

117th St. Grand

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 _____

working under my personal supervision.

Signed.....
Student Embalmer

Signed.....

Student Embalmer No.....

Licensed Embalmer No. 2999

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.