

FILED MAY 15 1940

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

14052

Do not use this space.

1. PLACE OF DEATH

(a) County Jackson Registration District No. 399
 (b) Township Haw Primary Registration District No. 1008 Registered No. 1764
 (c) City Hannas City (d) Street No. Ben Hospital St. KE MO
 (If death occurred in Hospital or Institution, write its name instead of street and number)
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U.S., if of foreign birth? yrs. mos. ds.
5/4 Campbell, William Dupree

2. PRINT FULL NAME

Campbell, William Dupree
 (a) Residence, No. 3309 Harrison St. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Evelyn Jane Dupree Campbell

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Unknown

7. AGE YEARS MONTHS DAYS IF LESS THAN 1 day, hrs. or min.
33

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Salesman
 9. Industry or business in which work was done, as saw mill, bank, etc. Sunhat
 10. Date deceased last worked at this occupation (month and year) 11/5/1940 11. Total time (years) spent in this occupation ?

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) New York State

13. NAME William Campbell

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

15. MAIDEN NAME Eva (Unknown)

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

17. INFORMANT Evelyn Jane Dupree Campbell (ADDRESS) 3309 Harrison

18. BURIAL, CREMATION, OR REMOVAL PLACE MAPLE HILLS DATE 4-27-40

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Suddartha 6900 Zroad, Ke. Mo.

20. FILED April 26, 1940

Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 4-16-40 1940

22. I HEREBY CERTIFY, That I attended deceased from 4:00 p.m., 1940.
 I last saw him alive Deputy Coroner on 4-9-40. Death is said to have occurred on the date stated above, at 173 m.
 The principal cause of death and related causes of importance were as follows:

Sunhat wound of chest and Abdomen
 Date of onset 173

Other contributory causes of importance:

Name of operation _____ Date of _____
 What test confirmed diagnosis? _____ Was there an autopsy? Yes

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? Homicide of injury 4-16-40

Where did injury occur? KE. MO
 (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place.

Manner of injury That is or rather stated
 Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? _____
 If so, specify _____
 (Signed) William S. Butler M. D.
 (Address) KE. MO

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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, Apr 16, 194

....., or by

Registered Apprentice No....., working under my personal supervision.

Signed

JW Hawthorne

Licensed Embalmer No. 3845

P. O. Address 6900 Front St. KC.

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, above space should be left blank.