

S. No. 2  
-4-13-40  
7. 5-17-39  
X23159

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

41279

FILED JAN 8 1941

State File No. 4672

Registration District No. 399

Primary Registration District No. 1002

Registrar's No.

1. PLACE OF DEATH:

(a) County Jackson

(b) City or town Kansas City, Mo. <sup>2</sup>  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 5-233 E 8 -St.  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution no  
(Specify whether)

In this community 25 yrs.  
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Jackson

(c) City or town Kansas City  
(If outside city or town limits, write "RURAL")

(d) Street No. 5233 E 8 1/2  
(If rural, give location)

(e) If foreign born, how long in U. S. A. no years.

3. (a) PRINT FULL NAME MARY KATHERINE CAMPBELL

3. (b) If veteran, name war no

3. (c) Social Security No 486-10-6832

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 12 day 7  
year 1940 hour 6 minute 30 P.M.

21. I hereby certify that I attended the deceased from 10-27-40, 19   to 12-7-40, 19  ;  
that I last saw her alive on 10-27-40, 19  ;  
and that death occurred on the date and hour stated above.

4. Sex Female 5. Color or race Wh

6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife Wesley Campbell 6. (c) Age of husband or wife if alive 66 years

7. Birth date of deceased: 1 (Month) 30 (Day) 1872 (Year)

Immediate cause of death Carcinoma of stomach with metastases to liver.

Due to 46

8. AGE: Years Months Days If less than one day

68 10 7    hr.    min.

Due to 46

Other conditions (Include pregnancy within 3 months of death)

9. Birthplace Beatty, Kans  
(City, town, or county) (State or foreign country)

10. Usual occupation Laundry Worker

11. Industry or business Domestic Laundry

12. Name Gerard Koch

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

14. Maiden name Katherine Heister

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

Major findings: Of operations See above.

Of autopsy See above.

PHYSICIAN     
Underline the cause to which death should be charged statistically.

16. (a) Informant Mrs. Margaret Leslie

(b) Address 5-233 E 8

17. (a) Burial (b) Date thereof 12-10-40  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mt. Calvary Cem K.C. Kans

18. (a) Signature of funeral director John P. Shea

(b) Address 6606 Jandy Ave

19. (a) 12-9-40 (b) M. M. Crowe  
(Date received local registrar) (Registrar's signature)

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?   

While at work?    (Specify type of place)

Means of injury   

23. Signature Dr. R. P. Shore (M. D. or other)   

Address Med. Dir. K.C. Gen. Hospital, K.C. Mo. Date Recd.   

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

mc

**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.....

Licensed Embalmer No.....

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.**