No. 2
11-10-39
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X21492

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED APR 21 1941

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 10924

Registration District No. 400 — Primary Registration District No. 5553 B — Registrar's No. 55

1. PLACE OF DEATH:

(a) County Jackson

(b) City or town Rural - Prairie Mon. (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Jackson County Hospital (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 3 days (Specify whether

In this community ✓ years, months or days)

2. USUAL RESIDENCE OF DECEASED: 48

(a) State Missouri (b) County Jackson

(c) City or town Rural - Prairie (If outside city or town limits, write "RURAL")

(d) Street No. Jackson Co. Negro Home (If rural, give location)

(e) If foreign born, how long in U. S. A.? 0 years.

3. (a) PRINT FULL NAME William Campbell

3. (b) If veteran, name war Dont Know

3. (c) Social Security No. Dont Know

4. Sex Male ✓

5. Color or race Negro

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

6. (b) Name of husband or wife ✓

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

7. Birth date of deceased Nov. (Month) 3 (Day) 1878 (Year)

8. AGE: Years 62 Months 4 Days 1 If less than one day ___ hr. ___ min.

9. Birthplace Tennessee (City, town, or county) 1 (State or foreign country)

10. Usual occupation unemployed

11. Industry or business

FATHER
12. Name Dave Campbell
13. Birthplace Tennessee (City, town, or county) 1 (State or foreign country)

MOTHER
14. Maiden name Dont Know
15. Birthplace Dont Know (City, town, or county) 9 (State or foreign country)

16. (a) Informant County Home Records

(b) Address Little Blue Mo

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 3 (Month) 10 (Day) 41 (Year)

(c) Place: burial or cremation KC College of Osteopathy

18. (a) Signature of funeral director Flynn & Greenstreet

(b) Address 1819 E. 15th K C Mo.

19. (a) 3/11/41 (Date received local registrar) (b) Sara G. Barnes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 3 day 4 year 41 hour 5:00 minute 15 A.M.

21. I hereby certify that I attended the deceased from ___, 19__, to ___, 19__; that I last saw him alive on ___, 19__; and that death occurred on the date and hour stated above.

Immediate cause of death Confluent Bronchopneumonia

Due to Crushing Injury Leg & Chest

Due to Struck by Car (Pedestrian)

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

17 D C 6

21

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) Accident 0 48

(b) Date of occurrence 3-1-41

(c) Where did injury occur? Jackson (City or town) Mo (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? 9 Hiway (Specify type of place)

While at work? (e) Means of injury Struck by Car

23. Signature Russell W. Fox (M. D. or other) 3

Address KC Mo Date signed 3/11/41

(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 _____

_____, Registered Apprentice No. _____

working under my personal supervision.

Signed Edw G Evans

Licensed Embalmer No. 3836

P. O. Address 1814 E 15 K C Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply w the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.