

Registration District No. 150

Primary Registration District No. 5572

Registrar's No. 105

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

1. PLACE OF DEATH:

(a) County. Jackson County  
(b) City or town. Rural Prairie Mo  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: Jackson County Emergency Hospital  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution. 1 month  
(Specify whether years, months or days)  
In this community. 33 yrs.

2. USUAL RESIDENCE OF DECEASED:

(a) State. Missouri (b) County. Jackson Mo  
(c) City or town. Hickman Mills Mo  
(If outside city or town limits, write "RURAL")  
(d) Street No. 3012 N. W. 11<sup>th</sup> Parkway  
(If rural, give location)  
(e) If foreign born, how long in U. S. A.? no years.

3. (a) PRINT FULL NAME. Joseph Campbell  
(b) If veteran, name war. No  
(c) Social Security No. None

4. Sex. Male  
5. Color or Race. White  
6. (a) Single, widowed, married, divorced. Married  
(b) Name of husband or wife. Mrs. Alice Campbell  
(c) Age of husband or wife if alive. 64 years  
7. Birth date of deceased. Aug. 21 1877  
(Month) (Day) (Year)

8. AGE: Years 65 Months 1 Days 10  
If less than one day hr. min.

9. Birthplace. Harrison County Mo (State or foreign country)

10. Usual occupation. Farmer

11. Industry or business

12. Name. Isaac Campbell  
13. Birthplace. Ireland (State or foreign country)  
14. Maiden name. Sarah Harper  
15. Birthplace. Kentucky U.S.A. (State or foreign country)

16. (a) Informant. Mrs. Alice Campbell  
(b) Address. 3012 N. W. 11<sup>th</sup> Parkway

17. (a) Burial (b) Date thereof. Oct. 13, 1942  
(c) Place: burial or cremation. Memorial Park, Mo.

18. (a) Signature of funeral director. Ross + Henderson  
(b) Address. Kansas City - Mo

19. (a) Oct. 3, 1942 (b) J. H. Dickson  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month. Oct. day. 1 st  
year. 1942 hour. 7 minute. 25 pm.

21. I hereby certify that I attended the deceased from Sept 1 st 1942 to Oct 1 st 1942 that I last saw him alive on Oct. 1 st 1942 and that death occurred on the date and hour stated above.

Immediate cause of death. Chronic Myo Carditis  
Duration 3 yrs

Due to  
Due to

Other conditions. 93d  
(Include pregnancy within 3 months of death)

Major findings: none  
Of operations  
Of autopsy: none

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) (e) Means of injury

23. Signature. J. B. Searcy (M. D. or other)  
Address. Jackson Co. Emg. Hosp. Date signed. 10/2/42

JAN 13 1948

**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

*John P. Kemp*

Licensed Embalmer No.

*295-5*

P. O. Address

*K. C. Mo*

**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.**