

FILED MAR 25 1943

Registration District No. 149

Primary Registration District No. 1002

1. PLACE OF DEATH

(a) County Jackson  
(b) City or town Kansas City  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
715 East Gregory Blvd  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution no  
In this community 7 years (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson  
(c) City or town Kansas City  
(If outside city or town limits, write "RURAL"  
(d) Street No. 715 East Gregory Blvd  
(If rural, give location)  
(e) Citizen of foreign country? no (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME

Helia Irene Campbell

3. (b) If veteran, name war no

3. (c) Social Security No. no

4. Sex Female 5. Color or race white 6. (a) Single, widowed, married, divorced married

(b) Name of husband or wife Courtney Campbell 6. (c) Age of husband or wife if alive 53 years

7. Birth date of deceased March 10 1889 (Month) (Day) (Year)

8. AGE: Years 54 Months 0 Days 3 If less than one day hr. min.

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

10. Usual occupation at home

11. Industry or business

MOTHER FATHER

12. Name A. O. Mettes

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

14. Maiden name Lucy Calhoun

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

16. (a) Informant Courtney Campbell (b) Address 715 E. Gregory, N.C. Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 3-16-43 (Month) (Day) (Year)

(c) Place: burial or cremation Mt. Moura

18. (a) Signature of funeral director [Signature] (b) Address 3935 Sullivan Street, N.C. Mo (c) Date received local registrar 3-15-43 (Date received local registrar) (d) [Signature] (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Mar day 13th year 1943 hour 1:05 minute P. M.

21. I hereby certify that I attended the deceased from Nov. 1942 to March 13 1943

that I last saw her alive on March 12 1943 and that death occurred on the date and hour stated above.

Immediate cause of death. Intestinal obstruction 3 days

Due to. Carcinoma of the sigmoid with metastasis to the liver. 5 months.

Other conditions. 46E (Include pregnancy within 3 months of death)

Major findings: Of operations \_\_\_\_\_ Of autopsy \_\_\_\_\_

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

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 [Signature] (M. D. or other)  
23. Signatures [Signature] Address [Signature] Date signed 3-15-43

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

Dr. Bill Katchman  
W. A. C. H. I. E. M. Bldg. 2.

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**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.**