

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

37268

FILED DEC 12 1946

State File No.

Registration District No. 146

Primary Registration District No. 3026

Registrar's No. 377

1. PLACE OF DEATH:

(a) County Jackson

(b) City or town Independence
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
830 North Main St
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution Four Months (Specify whether years, months or days)

In this community Four Months (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson

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

(d) Street No. 830 N. Main St.
(If rural, give location)

(e) Citizen of foreign country? No. (Yes or No)

If yes, name country.....

3. (a) PRINT FULL NAME ELICK CAMPBELL

3. (b) If veteran, name None 3. (c) Social Security No. 490-09-3012

4. Sex Male 5. Color or race White

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

6. (b) Name of husband or wife Anna L. Campbell 6. (c) Age of husband or wife if alive 58 years

7. Birth date of deceased Jan. 19 1883
(Month) (Day) (Year)

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

63 9 20 hr. min.

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

10. Usual occupation Retired Farmer

11. Industry or business.....

MOTHER FATHER

12. Name Jerome Cambell

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

14. Maiden name Mary Ellis

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

16. (a) Informant Mrs Anna L. Campbell

(b) Address Osceola, Missouri

17. (a) Burial (b) Date thereof 11-12-46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Woodlawn Cem, Indep. Mo.

18. (a) Signature of funeral director Geo. C. Carson

(b) Address Independence, Missouri

19. (a) 11-16-46 (b) [Signature]
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov day 10 th. year 1946 hour 10 minute P. M.

21. I hereby certify that I attended the deceased from Apr 1946 to Nov 10 1946 that I last saw him alive on Nov 9 1946 and that death occurred on the date and hour stated above.

Immediate cause of death. Metastatic Cancer of glands of neck & mediastinum 4 mo

Due to Primary cancer of tongue 2 yr

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

PHYSICIAN

Major findings: 45B

Of operations.....

Of autopsy.....

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)

(c) Means of injury 6

23. Signature J. B. Hicken (M. D. or other) Date signed Nov 11

Address Independence Mo

(Licensed Embalmer's Statement on Reverse Side)

354

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

44

3000

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 *Floyd C. Carson*
Licensed Embalmer No. *4199*
P. O. Address *July 5th*

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.