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FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 4757

FILED MAR 13 1948

Registration District No. 149

Primary Registration District No. 1002

Registrar's No. 878

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

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: St. Mary's Hosp. (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 5 Days (Specify whether
In this community 5 years (years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo. (b) County Jackson 48
(c) City or town Kansas City (If outside city or town limits, write "RURAL") 3
(d) Street No. 1100 North Montgall (If rural, give location) 8
(e) Citizen of foreign country? no (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Angus L. Campbell

3. (b) If veteran, name war No

3. (c) Social Security No. 489-22-6941

4. Sex Male

5. Color or race White

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

6. (b) Name of husband or wife Iona J. Campbell

6. (c) Age of husband or wife if alive 39yrs years

7. Birth date of deceased June 22, 1883 (Month) (Day) (Year)

8. AGE: Years 64 | Months 8 | Days 1 | If less than one day ... hr. ... min.

9. Birthplace Raleigh, N.C. (City, town, or county) (State or foreign country)

10. Usual occupation Section Laborer

11. Industry or business K.C. Southern R.R.

FATHER
12. Name John Campbell 4
13. Birthplace Scotland (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Mary McDowell
15. Birthplace Scotland 4 (City, town, or county) (State or foreign country)

16. (a) Informant Mrs Iona J. Campbell
(b) Address 2425 Troost Ave.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 2-27-48 (Month) (Day) (Year)
(c) Place: burial or cremation Brooking Cemetery

18. (a) Signature of funeral director Thos. E. Quirk
(b) Address 4316 Troost Ave.

19. (a) 2-26-48 (Date received local registrar) (b) Geraldine Holmes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. 23, 1948 day
year ... hour 2.10 A.M. minute M.

21. I hereby certify that I attended the deceased from 2 Dec. 1947, to 23 Feb 1948
that I last saw him alive on 22 Feb 1948
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death BILATERAL BRONCHIAL - PNEUMONIA	2 WKS
Due to CHRONIC MYOCARDITIS	5 MO.
CORONARY SCLEROSIS	1 YR.
Due to GENERALIZED ARTERIOSCLEROSIS	3 YRS.
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations: 93 D
Of autopsy CAUSES - OF - DEATH - WRITTEN ABOVE. -

PHYSICIAN
Underline the cause of 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? (Specify type of place)
While at work? (e) Means of injury

23. Signature James W. Downey (M. D.)
Address 800 Argyle Bldg. KC MO Date signed 2/25/48

Jefferson City Printing Co.

(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 Thomas E. Quer

Licensed Embalmer No. 3775

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, fact should be so stated above.