

V. S. No. 300
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FEDERAL BUREAU OF INVESTIGATION
National Office of Vital Statistics
FILED APR 17 1948

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 12479
12579
Registrar's No. 1463

Registration District No. 149

Primary Registration District No. 1002

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

18
3
8

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:
6400 AGNES AVENUE!
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution
In this community 3 YEARS
years, months or days (Specify whether)

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. 6400 AGNES AVENUE
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME JOHN WILLIAM CAMPBELL
3. (b) If veteran, name war NONE
3. (c) Social Security No. 521-05-8258

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month APRIL day 2^d
year 1948 hour seven minute 10 A.M.
21. I hereby certify that I attended the deceased from 15 FEB 48
to 2 APRIL 1948
that I last saw him alive on 2 APRIL 1948
and that death occurred on the date and hour stated above.

4. Sex MALE 5. Color or race WHITE
6. (a) Single, widowed, married, divorced, MARRIED!
6. (b) Name of husband or wife MRS. JEANNE P. CAMPBELL
6. (c) Age of husband or wife if alive 38 years
7. Birth date of deceased July 5 1905
(Month) (Day) (Year)

Immediate cause of death CORONARY OCCLUSION
Duration 1 hr.

8. AGE: Years 42 Months 8 Days 28 1/2 If less than one day hr. min.

9. Birthplace COLORADO SPRINGS Colo.
(City, town, or county) (State or foreign country)

10. Usual occupation MFG. AGENT - DAWES MFG. CO.

11. Industry or business OF CHICAGO, ILLINOIS

12. Name JOHN WILLIAM CAMPBELL

13. Birthplace LEE'S SUMMIT MISSOURI
(City, town, or county) (State or foreign country)

14. Maiden name EMILY G. WALTNEY

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

16. Informant Jeannie P. Campbell
Address 6400 Agnes

17. (a) REMOVAL (b) Date thereof APRIL 4 1948
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation DENVER COLORADO

18. (a) Signature of funeral director W. H. Hutchinson Sons
(b) Address 1405 Brush Creek Blvd., K.C., Mo.

19. (a) 4-3-48 (b) Geraldine Holman
(Date received local registrar) (Registrar's signature)

Due to —
Due to —
Other conditions (Includes pregnancy within 3 months of death)
Major findings: Of operations 940
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) (Specify means of injury)
23. Signature W. H. Hutchinson Sons (M. D. or other)
Address 220 Bryant Bldg Date signed 4/2/48

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..... *Bernard L. Lewis*.....

Licensed Embalmer No. *4250*.....

P. O. Address..... *DC 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.