

No. 2  
-12-45  
5-17-39

X47070

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

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS  
FILED JUL 1 1948

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 19774  
Registrar's No. 115

Registration District No. 5 Primary Registration District No. 7239

1. PLACE OF DEATH:  
(a) County Jackson  
(b) City or town Lee's Summit, Missouri  
(c) Name of hospital or institution:  
506 South Green Street  
(d) Length of stay: In hospital or institution  
In this community Ten years

2. USUAL RESIDENCE OF DECEASED:  
(a) State Missouri (b) County Jackson  
(c) City or town Lee's Summit  
(d) Street No. 506 South Green Street  
(e) Citizen of foreign country? No.

3. (a) PRINT FULL NAME Susie B. Campbell  
(b) If veteran, name war No  
(c) Social Security No. No  
(d) Sex F race W  
(e) Color or race W  
(f) Name of husband or wife James M Campbell  
(g) Age of husband or wife if alive years  
(h) Birth date of deceased January 17, 1869

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month June day 11  
year 1948 hour 10:10 minute P.M.  
21. I hereby certify that I attended the deceased from April 22, 1948 to June 11, 1948  
that I last saw her alive on June 11, 1948  
and that death occurred on the date and hour stated above.

8. AGE: Years 79 Months 4 Days 24 hr. min.

Immediate cause of death  
Bronchial Pneumonia 2 days  
Due to Cerebral hemorrhage 2 mo.

9. Birthplace Kansas City Missouri

Other conditions  
(Include pregnancy within 3 months of death)

10. Usual occupation Home  
11. Industry or business Home

Major findings:  
Of operations 10  
Of autopsy  
PHYSICIAN  
Underline the cause to which death should be charged statistically.

MOTHER FATHER  
12. Name William Botts  
13. Birthplace Ky.  
14. Maiden name Emily Long  
15. Birthplace Ky.

16. (a) Informant Mrs. Mary L. Wood  
(b) Address Tulsa, Okla

17. (a) Burial (b) Date thereof 6/11/48  
(c) Place: burial or cremation Elmwood Kansas City, Mo

18. (a) Signature of funeral director  
(b) Address Lee's Summit, Missouri  
19. (a) 6-14-48 (b) Donald S. Barnhart

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?  
(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  
23. Signature Clint A. Miller M. D. or other  
Address Lee's Summit Mo date signed 6-12-48

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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.....

*W. O. Langford*

Licensed Embalmer No. 3833

P. O. Address Lee's Summit, 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.

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