

FILED JUL 19 1948

Registration District No. 149

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1002

State File No. 23043

2793

Registrar's No.

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:
GENERAL HOSPITAL NO. 2
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 3 DAYS
 In this community 36 YRS.
 years, months or days

3. (a) PRINT FULL NAME

JOSEPHINE CAMPBELL

3. (b) If veteran, name war no

3. (c) Social Security No. unknown

4. Sex FEMALE 5. Color or race NEGRO 6. (a) Single, widowed, married, divorced DIVORCED

6. (b) Name of husband or wife Unknown 6. (c) Age of husband or wife if alive 5 years

7. Birth date of deceased JULY 5 1893
 (Month) (Day) (Year)

8. AGE: Years 54 Months 11 Days 26
 If less than one day hr. min.

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

10. Usual occupation MAID

11. Industry or business

12. Name JAMES HARRISON

13. Birthplace LINCOLN COUNTY MISSOURI
 (City, town, or county) (State or foreign country)

14. Maiden name TEXANA COMBS

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

16. (a) Informant JAMES HARRISON (FATHER)

(b) Address 2713 BENTON

17. (a) Burial (b) Date thereof 7 - 7 - '48
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Lincoln Cemetery

18. (a) Signature of funeral director C. H. Countee

(b) Address 1424 Holmes

19. (a) 7-7-48 (b) M. St. Germain
 (Date received local registrar) (Registrar's signature)

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. 2713 BENTON
 (If rural, give location)
 (e) Citizen of foreign country? NO (Yes or No)
 If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month JULY day 1,
 year 1948 hour 7: minute 10 P. M.

21. I hereby certify that I attended the deceased from JUNE
28, 1948 to JULY 1, 1948
 that I last saw her alive on JULY 1, 1948
 and that death occurred on the date and hour stated above.

Immediate cause of death INFECTED 3rd. DEGREE
BURNS OF RT. FOREARM AND HAND Duration 3 Wks.

Due to

Due to

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

Major findings:
 Of operations

Of autopsy SAME AS ABOVE

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) Accident

(b) Date of occurrence June 28, 1948

(c) Where did injury occur? Kansas City, Jackson, Missouri
 (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work at home in the kitchen
 (Specify type of place) (d) Means of injury

23. Signature [Signature] (M. D. or other)
 Address GENERAL HOSPITAL NO. 2 Date signed 7/2/48

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

300
47
39
3906

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. 1371

P. O. Address. Kansas City, 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.