

FILED NOV 22 1949

THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

State File No. 27160

149 PRIMARY REG. DIST. NO. 1002 Registrar's No. 4564

1. PLACE OF DEATH a. COUNTY Jackson		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MISSOURI b. COUNTY JACKSON	
b. CITY OR TOWN Kansas City Mo.		c. CITY OR TOWN KANSAS CITY	
c. LENGTH OF STAY (In this place) 19 years		d. STREET ADDRESS 441 KNICKERBOCKER PLACE	
d. FULL NAME OF HOSPITAL OR INSTITUTION Memorial Hospital		e. DATE OF DEATH (Month) (Day) (Year) 10-23-49	
3. NAME OF DECEASED (Type or Print) a. (First) William b. (Middle) MARSH c. (Last) Campbell		4. DATE OF DEATH	
5. SEX MALE		6. COLOR OR RACE WHITE	
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED		8. DATE OF BIRTH FEB-27-1877	
9. AGE (In years last birthday) 72 yrs.		10. a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) CATTLE BUYER	
10b. KIND OF BUSINESS OR INDUSTRY HUGHARTY GILMORE		11. BIRTHPLACE (State or foreign country) LIBERTY, MISSOURI	
12. CITIZEN OF WHAT COUNTRY? U. S. A.		13a. FATHER'S NAME JAMES CAMPBELL	
13b. MOTHER'S MAIDEN NAME ARAMINTA SATTERFIELD		14. NAME OF HUSBAND OR WIFE Theresa CAMPBELL	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. 499-18-0030	
17. INFORMANT'S SIGNATURE OR NAME MRS. THERESA CAMPBELL		ADDRESS 441 KNICKERBOCKER KANSAS CITY, MO.	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Bronchial Carcinoma ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) no DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. no	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 100%	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		21a. ACCIDENT SUICIDE HOMICIDE (Specify)	
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from 9/21, 1948 , to 10/23, 1949 , that I last saw the deceased alive on 10/23, 1949 and that death occurred at 10:57 p.m. , from the causes and on the date stated above.			
23a. SIGNATURE Fred Irwig (Degree or title) M.D.		23b. ADDRESS 1610 Prog. Bldg.	
23c. DATE SIGNED 10/23/49			
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24b. DATE OCT-26-1949	
24c. NAME OF CEMETERY OR CREMATORY MT. MORIAH CEMETERY		24d. LOCATION (City, town, or county) (State) KANSAS CITY MISSOURI	
DATE REC'D BY LOCAL REG. 10-26-49		REGISTRAR'S SIGNATURE Geraldine Holmes	
25. FUNERAL DIRECTOR'S SIGNATURE D. N. Newcomer		ADDRESS 1331 BRUSH CREEK KANSAS CITY, MO.	

(Licensed Embalmer's Statement on Reverse Side)

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

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 _____

working under my personal supervision.

Student Embalmer No.

Signed *D.P. Nozlinger*

Signed.....

Student Embalmer

Licensed Embalmer No. *3958*

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.