. S. No. 2
0M—2-43
. 5-17-39
I X35597

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 41082

FILED DEC 22 1943

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 5003

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: 1100 Summit 1
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution ..... (Specify whether
In this community 20 yrs
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Jackson 48 3

(c) City or town Kansas City Mo 8
(If outside city or town limits, write "RURAL")

(d) Street No. 1100 Summit St
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)

If yes, name country .....

3. (a) PRINT FULL NAME RUBY CAMPBELL HAYDEN

3. (b) If veteran, name war —

3. (c) Social Security No. none

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced unk

6. (b) Name of husband or wife unknown

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

7. Birth date of deceased Oct (Month) 10 (Day) 1900 (Year)

8. AGE: Years 43 Months 1 Days 15 If less than one day ..... hr. ..... min.

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

10. Usual occupation unemployed

11. Industry or business

FATHER
12. Name Ed Campbell
13. Birthplace ..... (City, town, or county) Mo. (State or foreign country)

MOTHER
14. Maiden name Hattie Stotts
15. Birthplace ..... (City, town, or county) Mo (State or foreign country)

16. (a) Informant Mrs Hattie Campbell (Mother)

(b) Address 613 W. 13th Joplin Mo

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 11-26-43 (Month) (Day) (Year)

(c) Place: burial or cremation Joplin Mo

18. (a) Signature of funeral director Bert Lapetum

(b) Address KC Mo

19. (a) 11-27-43 (Date received local registrar) (b) D. E. Brown (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov day 25th year 1943 hour ..... minute ..... M.

21. I hereby certify that I attended the deceased from 2/5/1943 ....., 19....., to 11/25/43, 19.....; that I last saw her alive on 11-25-43, 19.....; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Acute Dilation heart	1 week
Due to Mitral Regurgitation and Syphilis	2 yrs +
Due to	
Other conditions 309 (Include pregnancy within 3 months of death)	

Major findings:
Of operations none

Of autopsy none

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? ..... (Specify type of place)

While at work? ..... (e) Means of injury .....

23. Signature Frederick A. Baldwin (M.D.)

Address 317 Argyle Bldg K.C. Mo Date signed 11/26/43

(Licensed Embalmer's Statement on Reverse Side)

JUN 30 1948

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 Peter B. Lazetina

Licensed Embalmer No. 4273

P. O. Address KC 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.