

No. 2  
-8-43  
-17-39  
X37823

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS  
FILED JUL 8 1944  
Registration District No. 199

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 20511  
Registrar's No. 2659  
Primary Registration District No. 1002

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

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: TRINITY HOSPITAL  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 7 WEEKS  
(Specify whether  
In this community LIFE (Specify whether  
years, months or days)

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. 6008 EAST 11th STREET  
(If rural, give location)  
(e) Citizen of foreign country? No (Yes or No)  
If yes, name country 10

3. (a) PRINT FULL NAME MRS. CORARIGSBY CAMPBELL  
(b) If veteran, name war No  
(c) Social Security No. 486-09-9953

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month June day 25  
year 1944 hour 1-10 minute a.M.

4. Sex FEMALE 5. Color or race WHITE 6. (a) Single, widowed, married, divorced MARRIED  
(b) Name of husband or wife MR. RALPH A. CAMPBELL 6. (c) Age of husband or wife if alive 29 years  
7. Birth date of deceased MARCH - 16 - 1917  
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from 19 to 6-25-1944  
that I last saw her alive on 6-24-1944  
and that death occurred on the date and hour stated above.  
Immediate cause of death Cerebral Hemorrhage Duration 4 hrs

8. AGE: Years 27 Months 3 Days 9 If less than one day hr. min.

Due to Subacute bacterial endocarditis  
Due to

9. Birthplace KANSAS CITY Mo (City, town, or county) (State or foreign country)  
10. Usual occupation HOUSE WIFE

Other conditions (Include pregnancy within 3 months of death) 9/2

MOTHER FATHER

11. Industry or business  
12. Name HARLEY RIGSBY  
13. Birthplace VERNON COUNTY IOWA (City, town, or county) (State or foreign country)  
14. Maiden name MYRTLE CONANT  
15. Birthplace SALINA KANSAS (City, town, or county) (State or foreign country)

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

16. (a) Informant Ralph Campbell  
(b) Address 12137 Berwington  
17. (a) BURIAL (b) Date thereof JUNE 27 1944 (Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation MEMORIAL PARK

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

18. (a) Signature of funeral director D.W. Newcomer  
(b) Address 1401 BRUSH CREEK BLVD.  
19. (a) 6-26-44 (b) D.E. Brown (Date received local registrar) (Registrar's signature)

23. Signature W. Carr (M. D. or other)  
Address 4509 W-9 Mo. Date signed 6/25/44

