

JAN 10 1940

MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH

44832  
Do not use this space.

1. PLACE OF DEATH

(a) County Shelby 2 Registration District No. 827  
(b) Township Clark 1 Primary Registration District No. 4500  
(c) City Warrensburg or (d) Street No. \_\_\_\_\_ St.  
(U death occurred in Hospital or Institution, write its name instead of street and number)  
(e) Length of residence in city or town where death occurred 24 yrs. mos. da. (f) How long in U. S., if of foreign birth? yrs. mos. da.

Registered No. 28

2. PRINT FULL NAME

(a) Residence, No. 110 Henry Rigby \_\_\_\_\_ St.   
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male  
4. COLOR OR RACE White  
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write the word*) married  
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug 15 1859  
7. AGE YEARS MONTHS DAYS If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.  
80 3 23  
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Retired Farmer  
9. Industry or business in which work was done, as saw mill, bank, etc.  
10. Date deceased last worked at this occupation (month and year) \_\_\_\_\_  
11. Total time (years) spent in this occupation \_\_\_\_\_

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Monroe Mo

FATHER 13. NAME Walter Rigby

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) I don't know

MOTHER 15. MAIDEN NAME Mary Ann Delaney

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) don't know

17. INFORMANT (ADDRESS) Ernest Rigby

18. BURIAL, CREMATION, OR REMOVAL PLACE Oak Grove Cem DATE Dec 9 1939

19. FUNERAL DIRECTOR (NAME) (ADDRESS) William R. Hamilton  
Clarence

20. FILED 12-9 39 Roy Hamilton Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec 8 1939, 19

22. I HEREBY CERTIFY, That I attended deceased from June 1 1935, 19, to Dec 8 1939, 19.

I last saw him alive on Dec 7 1939, 19. Death is said to have occurred on the date stated above, at 7 a.m.  
The principal cause of death and related causes of importance were as follows:

Cerebral Apoplexy Date of onset Dec 1 1939

Other contributory causes of importance:  
Parkinsons Disease 1935

Name of operation none Date of \_\_\_\_\_  
What test confirmed diagnosis? none Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:  
Accident, suicide, or homicide? no Date of injury no, 19

Where did injury occur? no  
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. no

Manner of injury no

Nature of injury no

24. Was disease or injury in any way related to occupation of deceased? no

(Signed) D. L. Harlan M. D.  
(Address) Clarence, Mo.

WHITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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RECEIVED

District Health Officer No. 10

District File Number 1-40-79

Date Filed JAN 8 1940

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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.....

Licensed Embalmer No.....

P. O. Address.....

**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, above space should be left blank.**