S. No. 2
—11-10-39
. 5-17-39
I X21492

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED MAR 11 1940

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 6588

Registration District No. 309

Primary Registration District No. 5427

Registrar's No. 7

1. PLACE OF DEATH:

(a) County Gentry

(b) ~~City or town~~ Rural Athens Twp

(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 2

(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether

In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Gentry

(c) City or town Rural Athens

(If outside city or town limits, write "RURAL")

0

(d) Street No.

(If rural, give location)

(e) If foreign born, how long in U. S. A.? years.

3. (a) PRINT FULL NAME Mary Jane Rigney 250

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex Female

5. Color or race White

6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife

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

7. Birth date of deceased April (Month) 17 (Day) 1853 (Year)

8. AGE: Years 86 Months 9 Days 25 If less than one day hr. min.

9. Birthplace Albany (City, town, or county) Missouri (State or foreign country) 0

10. Usual occupation

11. Industry or business

FATHER
12. Name George Hamilton
13. Birthplace unknown (City, town, or county) Tenn. (State or foreign country) 1

MOTHER
14. Maiden name Clarissa Harding
15. Birthplace Tenn. (City, town, or county) (State or foreign country) 1

16. (a) Informant Mrs. Elmer Sullenger

(b) Address Evona, Missouri

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Fed. 13, 1940 (Month) (Day) (Year)

(c) Place: burial or cremation Grandview

18. (a) Signature of funeral director Clifford Burks

(b) Address Albany, Mo.

19. (a) Feby. 11 1940 (Date received local registrar) (b) W. T. Martin (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month February day 11 year 1940 hour 12:15 minute M.

21. I hereby certify that I attended the deceased from April 6 – 39 Jan. 23 —, 1940, to Feb. 11 —, 1940; that I last saw her alive on Feb. 11 —, 1940; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Gastric hemorrhage	20 hours
Due to Portal obstruction	2 days +
Due to Myocarditis	6 yrs.
Other conditions ascites, dropsy (Include pregnancy within 3 months of death)	2 yrs.

Major findings:
Of operations —
Of autopsy —

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)

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While at work? (e) Means of injury

23. Signature Frank H. Rose (M. D. or other) M.D.

Address Albany, Mo Date signed 2-11-40

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 11,
District File Number 340-23
Date Filed MAR 5 1940

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 Was Not embalmed, Registered Apprentice No. ..... working under my personal supervision.

Signed Clifford Brooks

Licensed Embalmer No. 3329

P. O. Address Albany, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wit the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.