

No. 2  
-10-39  
7-39  
X21492

MAILED JUL 15 1940

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

21618

State File No. \_\_\_\_\_

Registration District No. 250

Primary Registration District No. 4150

Registrar's No. 12

1. PLACE OF DEATH:

(a) County Daviess

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

(c) Name of hospital or institution:

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

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

In this community 8 Years  
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Daviess

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

(d) Street No. \_\_\_\_\_ (If rural, give location)

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

3. (a) PRINT FULL NAME Mary Norma Riggins 252

3. (b) If veteran, name war None

3. (c) Social Security No. None

20. DATE OF DEATH: Month June day 6  
year 1940 hour 4 minute 00 A. M.

4. Sex Female 5. Color or race White

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

6. (b) Name of husband or wife E. A. Riggins

6. (c) Age of husband or wife if alive 67 years

7. Birth date of deceased January 10 1887  
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Feb. 1937 to June 6, 1940  
that I last saw her alive on June 5, 1940  
and that death occurred on the date and hour stated above.

8. AGE:	Years	Months	Days	If less than one day
	<u>53</u>	<u>4</u>	<u>26</u>	hr. _____ min.

Immediate cause of death Cerebral Hemorrhage

Due to Hypertension 15 yrs.

Atherosclerosis 8 yrs.

9. Birthplace Sullivan County Missouri  
(City, town, or county) (State or foreign country)

Other conditions 820  
(Include pregnancy within 3 months of death)

10. Usual occupation Housewife

11. Industry or business Own Home

12. Name George Baker

13. Birthplace Unknown Missouri  
(City, town, or county) (State or foreign country)

14. Maiden name Mary Ann Johnson

15. Birthplace Unknown Missouri  
(City, town, or county) (State or foreign country)

16. (a) Informant E. A. Riggins

(b) Address Gallatin, Missouri

17. (a) Burial (b) Date thereof 6-8-40  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Brown Cemetery

18. (a) Signature of funeral directors Hope, Gurn, & Wood Co 227

(b) Address Gallatin, Mo

19. (a) June 7, 1940 (b) N. A. Hope  
(Date received local registrar) (Registrar's signature)

Major findings: \_\_\_\_\_

Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

Duration Instant

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? \_\_\_\_\_

23. Signature Hope E. Nelson (M. D. or other) J

Address Gallatin, Mo Date signed 6-7-40

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

MOTHER FATHER

RECEIVED

District Health Officer No. 11;

District File Number 740-1200

Date Filed JUL 11 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~~.....

....., Registered Apprentice No. ....  
working under my personal supervision.

Signed

*L. O. Richardson*

Licensed Embalmer No.

*3302*

P. O. Address

*Gallatin, 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, above space should be left blank.