

Registration District No. **399**

Registration District No. **1002**

Registrar's No. **4515**

FILED DEC 11 1940

1. PLACE OF DEATH:

(a) County Jackson  
(b) City or town Kansas City, Mo  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
21 East 30th Street  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 3  
(Specify whether  
In this community 3 weeks  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Ray  
City or town Orick, Mo  
(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 BETTY Pigg (Betty Pigg)

3. (b) If veteran, name war None 3. (c) Social Security No. None

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed  
6. (b) Name of husband or wife William Otho Pigg 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
7. Birth date of deceased October 31 1857  
(Month) (Day) (Year)

8. AGE: Years 83 Months 0 Days 25 If less than one day hr. \_\_\_\_\_ min. \_\_\_\_\_

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

10. Usual occupation Housewife

11. Industry or business None

12. Name Darius Conyers

13. Birthplace Cassy County Ky.  
(City, town, or county) (State or foreign country)

14. Maiden name Louisa Taylor

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

16. (a) Informant Fon Pigg  
(b) Address Orick, Mo.

17. (a) Removal (b) Date thereof 11-26-40  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation South Point Cem

18. (a) Signature of funeral director Tibben + Son Orick Mo  
(b) Address Orick, Mo.  
19. (a) 11/26/40 (b) M. M. Groves  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov day 26  
year 4 hour 10 minute \_\_\_\_\_ A. M.

21. I hereby certify that I attended the deceased from 1935  
\_\_\_\_\_, 19\_\_\_\_, to Nov. 26, 1940  
that I last saw her alive on Nov. 20, 1940  
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary occlusion

Due to Arterio-sclerosis  
Due to Arterio-sclerosis

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

Major findings: Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_

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? \_\_\_\_\_

While at work? \_\_\_\_\_ (Specify type of place)  
(e) Means of injury \_\_\_\_\_

23. Signature James J. Ferguson (M. D. or other)  
Address 410 Bayard Bld Date signed 11/26/40

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

**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.....

*Edward P. Gibson*

Licensed Embalmer No. *4137*

P. O. Address *Oriskany, 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.**