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DEPARTMENT OF COMMERCE
BUREAU OF VITAL STATISTICS
JAN 28 1941

MISSOURI STATE BOARD OF HEALTH STANDARD CERTIFICATE OF DEATH

State File No. **41675**

Registration District No. 1 Primary Registration District No. 1 Registrar's No. 300

1. PLACE OF DEATH:
 (a) County Adair
 (b) City or town Kirksville
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: Green-Smith Hospital
(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)

3. (a) PRINT FULL NAME Bessie G. G. G. G.
 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 Voloney G. G. G.
 6. (c) Age of husband or wife if alive _____ years
 7. Birth date of deceased 1 May 22 1856
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
84 7 2 _____ hr. _____ min.

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

10. Usual occupation Home

11. Industry or business _____

FATHER { 12. Name John Riggins
 13. Birthplace Booth County Ky.
(City, town, or county) (State or foreign country)
MOTHER { 14. Maiden name Elizabeth Lyons
 15. Birthplace Tarric, Barbours Co Ky.
(City, town, or county) (State or foreign country)

16. (a) Informant Stella Parsons
 (b) Address Edina Mo.

17. (a) Burial (b) Date thereof 12-27-40
(Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation Greenwood Cemetery

18. (a) Signature of funeral director Ms. Laura Riley
 (b) Address Kirksville Mo.

19. (a) Dec. 26/40 (b) Spencer Freeman
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
 (a) State Missouri (b) County Adair
 (c) City or town Kirksville
(If outside city or town limits, write "RURAL")
 (d) Street No. 615 East Jefferson
(If rural, give location)
 (e) If foreign born, how long in U. S. A. _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 24
 year 1940 hour 9 minute 300 M.
 21. I hereby certify that I attended the deceased from May 11,
 1940, to Dec. 24, 1940
 that I last saw her alive on Dec. 24, 1940
 and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of uterus and metastases into large bowel.
 Due to _____

Due to _____

Other conditions Senility + arteriosclerosis
(Include pregnancy within 3 months of death)

Major findings:
 Of operations _____
 Of autopsy _____

Duration _____
 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?

3 While at _____ (Specify type of place)
 (c) Means of injury _____
 23. Signature Spencer L. Freeman (M. D. or other) M.D.
 Address _____ Date signed _____

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

AUG 21 1940

RECEIVED

District Health Officer No. 10

District File Number 1-41-172

Date Filed JAN 16 1941

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.....

Beaice Grafton

....., Registered Apprentice No.....

working under my personal supervision.

Signed *Mrs. Laura Riley*.....

Licensed Embalmer No. 3908

P. O. Address Richsville

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.