

FEB 14 1941

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. 2488

Registration District No. 290

Primary Registration District No. 5408

Registrar's No.

35  
0  
0

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

1. PLACE OF DEATH:

(a) County Dunklin Rural  
(b) City or town Dunklin  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: Salem Hosp.  
(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 Dunklin  
(c) City or town Rural  
(If outside city or town limits, write "RURAL")  
(d) Street No. \_\_\_\_\_  
(If rural, give location) A  
(e) If foreign born, how long in U. S. A.? \_\_\_\_\_ years.

3. (a) PRINT FULL NAME Mary Irene Riggs  
3. (b) If veteran, name war \_\_\_\_\_  
3. (c) Social Security No. \_\_\_\_\_

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month Feb day 3  
year 1941 hour 7 minute 30 P. M.  
21. I hereby certify that I attended the deceased from Dec-27-40  
\_\_\_\_\_ 19\_\_\_\_ to February 3, 1941  
that I last saw her alive on February 21, 1941  
and that death occurred on the date and hour stated above.

4. Sex F 5. Color or race W 6. (a) Single, widowed, married, divorced, married  
6. (b) Name of husband or wife Wm. S. Riggs 6. (c) Age of husband or wife if alive  
Nov. 16-1894 years  
7. Birth date of deceased (Month) (Day) (Year)

Immediate cause of death Myocarditis  
Due to Phenic. Depleted  
Due to \_\_\_\_\_  
Other conditions (Include pregnancy within 3 months of death) 121 P

8. AGE: Years Months Days If less than one day  
46 3 16 hr. min.  
9. Birthplace Dunklin Co. Mo.  
(City, town, or county) (State or foreign country)

Duration \_\_\_\_\_  
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? \_\_\_\_\_

MOTHER FATHER { 12. Name Carroll Gerson  
13. Birthplace not known 9  
(City, town, or county) (State or foreign country)  
14. Maiden name not known  
15. Birthplace not known 9  
(City, town, or county) (State or foreign country)

16. (e) Informant J. T. Riggs  
(b) Address Quartz, Mo.  
17. (a) Burial (b) Date there 3-4-41  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation McBrew  
18. (a) Signature of funeral director McDaniel  
(b) Address Quartz, Mo.  
19. (a) Feb. 4-1941 (b) A. J. McDaniel  
(Date received by registrar) (Registrar's signature)

Major findings: Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_  
23. Signature Robert E. Martin (M. D. or other) A  
Address Quartz, Missouri Date signed 2-3-41

**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.....

*H. P. Grock*

Registered Apprentice No. ....

working under my personal supervision.

Signed *H. P. Grock*.....

Licensed Embalmer No. *4106*.....

P. O. Address *Smith Md*.....

**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.**