

No. 2  
1-13-40  
-17-39  
X2315

JAN 25 1941

Registration District No. 398

Primary Registration District No. 3019

Registrar's No. 7

1. PLACE OF DEATH:

(a) County Jackson

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

(c) Name of hospital or institution:  
803 N Spring  
(If not in hospital or institution, write street number or location)

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

In this community since 1919  
years, months or days

3. (a) PRINT FULL NAME Thomas E Riggs

3. (b) If veteran SS. 492-14-4970 name war \_\_\_\_\_

3. (c) Social Security No. \_\_\_\_\_

4. Sex male 5. Color or race white

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

6. (b) Name of husband or wife \_\_\_\_\_

6. (c) Age of husband or wife if alive \_\_\_\_\_ years (Day) (Year)

7. Birth date of deceased July 12 - 1875  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

65 5 25 hr. min.

9. Birthplace Clinton Co Mo  
(City, town, or county) (State or foreign country)

10. Usual occupation Gardner

11. Industry or business \_\_\_\_\_

12. Name M. T. Riggs

13. Birthplace Henry Co Kentucky  
(City, town, or county) (State or foreign country)

14. Maiden name Mary - Rockwell

15. Birthplace Henry Co. Kentucky  
(City, town, or county) (State or foreign country)

16. (a) Informant Mr. George Riggs

(b) Address 803 N Spring Indep Mo.

17. (a) Burial (b) Date thereof \_\_\_\_\_  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Woodlawn Cemetery

18. (a) Signature of funeral director Wt + Mitchell

(b) Address Independence Mo

19. (a) Jan 7, 41 (b) F. L. Cook M.D.  
(Date received by local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson

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

(d) Street No. 803 N Spring  
(If rural, give location)

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 6  
year 1941 hour 10 minute 20 P. M.

21. I hereby certify that I attended the deceased from Dec 28 1940 to Jan 6 1941  
that I last saw him alive on Jan 5 1941  
and that death occurred on the date and hour stated above.

Immediate cause of death Valvular Heart Disease

Due to Hypertension & arteriosclerosis

Due to Acute infection teeth

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy

Duration 3 yrs

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 Jan 7 1941

(c) Where did injury occur? 360  
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? 360  
While at work?  (Specify type of place) (e) Means of injury fall

23. Signature J. H. Hekerson (M. D. or other) \_\_\_\_\_  
Address Independence Mo Date signed Jan 7-40

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

18  
4  
4

**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 Mr.

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

working under my personal supervision.

Signed

Henry A. Mitchell

Licensed Embalmer No.

3975

P. O. Address

Emp. 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.**