

No. 2
-1-4-41
-17-39
X26390

FILED MAR 11 1941
DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

6406

State File No. _____

Registration District No. 89

Primary Registration District No. 3007

Registrar's No. 82

1. PLACE OF DEATH:

(a) County Butler
(b) City or town Poplar Bluff
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Poplar Bluff Hospital 0
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
(Specify whether _____)
In this community Life
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Butler 12
(c) City or town Poplar Bluff 7
(If outside city or town limits, write "RURAL")
(d) Street No. 247 North D Street 3
(If rural, give location)
(e) Citizen of foreign country? no 0 (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month February day Eri. 21
year 1941 hour 7 minute A.M.

21. I hereby certify that I attended the deceased from 2-19 1941, to 2-21 1941
that I last saw her alive on 2-21 1941
and that death occurred on the date and hour stated above.

Immediate cause of death: Pneumonia
Due to: Pneumonia gall bladder
Due to: 126
Other conditions: _____
(Include pregnancy within 3 months of death)
Major findings: Pneumonia gall bladder
& Hansen's pneumonia of lungs
Of autopsy: _____
PHYSICIAN: _____
Underline the cause to which death should be charged statistically.

3. (a) PRINT FULL NAME Virgil G. Riggins

3. (b) If veteran, name war _____ 3. (c) Social Security No. 487-18-6698

4. Sex male 5. Color or race W 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Lucille Riggins 6. (c) Age of husband or wife if alive 57 years

7. Birth date of deceased February 25 1879
(Month) (Day) (Year)

8. AGE: Years 61 Months 11 Days 24 If less than one day _____ hr. _____ min.

9. Birthplace Kentucky 1
(City, town, or county) (State or foreign country)

10. Usual occupation Blacksmith

11. Industry or business Blacksmith

12. Name George Riggins

13. Birthplace Unknown 9
(City, town, or county) (State or foreign country)

14. Maiden name Unknown

15. Birthplace Unknown 9
(City, town, or county) (State or foreign country)

16. (a) Informant Lucille Riggins

(b) Address 247 North D Street

17. (a) Burial (b) Date thereof 2 23 1941
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Woodlawn

18. (a) Signature of funeral director Greer - Croy 88

(b) Address Poplar Bluff, Missouri

19. (a) 2/22/41 (b) Kate Sutz
(Date received local registrar) (Registrar's signature)

(Licensed Embalmer's Statement on Reverse Side)

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

MOTHER FATHER

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.....

Licensed Embalmer No.....

P. O. Address.....

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.