

Registration District No. 190

Primary Registration District No. H112

Registrar's No. 8

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

1. PLACE OF DEATH

(a) County Clark  
(b) City or town Kahoka  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: 1  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether)  
In this community \_\_\_\_\_ (Specify whether)  
years, months or days

3. (a) PRINT FULL NAME Charlotte Sophia Rigg

3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

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

6. (b) Name of husband or wife Ed P. Rigg 6. (c) Age of husband or wife if alive 56 years

7. Birth date of deceased Sept 8 1886  
(Month) (Day) (Year)

8. AGE: Years 54 Months 5 Days 6 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

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

10. Usual occupation at Home

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

MOTHER FATHER { 12. Name Michael Lang  
13. Birthplace Germany U S  
(City, town, or county) (State or foreign country)  
14. Maiden name Sophia Muhler  
15. Birthplace Germany U S  
(City, town, or county) (State or foreign country)

16. (a) Informant Ed P. Rigg  
(b) Address Kahoka Mo.

17. (a) Burial (b) Date thereof Feb 16/41  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation St. Pauls Cemetery

18. (a) Signature of funeral director Fred Charles

(b) Address Kahoka Mo.

19. (a) 2-16-41 (b) J. C. ...  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Clark 23  
(c) City or town Kahoka 1  
(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.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 14th  
year 1941 hour 8 minute 20 P. M.

21. I hereby certify that I attended the deceased from 12-24-39  
to 2-14 1941  
that I last saw h alive on Feb-14 1941  
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Hemorrhage  
Duration \_\_\_\_\_

Due to \_\_\_\_\_

Due to \_\_\_\_\_

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

Major findings: Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_  
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? 174

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

23. Signature D. S. ... (M. D. or other) Dr.  
Address Kahoka Mo Date signed 2-15-41

10 1 23

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RECEIVED

District Health Officer No. 10

District File Number 3-41-551

Date Filed MAR 10 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.....

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

working under my personal supervision.

Signed Fred J Karle

Licensed Embalmer No. 1023

P. O. Address Katoka 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, above space should be left blank.