

Registration District No. 792

Primary Registration District No. 4473

Registrar's No.

1. PLACE OF DEATH:

(a) County Saline
(b) City or town Arrow Rock
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether years, months or days)
In this community 60 years

3. (a) PRINT FULL NAME

Mona Riggs

3. (b) If veteran, name war 1

3. (c) Social Security No. 1

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife 1 6. (c) Age of husband or wife if alive years
7. Birth date of deceased Jan 28 1899
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
82 4 0 hr. min.

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

10. Usual occupation Housekeeper

11. Industry or business 1

MOTHER FATHER { 12. Name William P. Riggs
13. Birthplace Ca. 1
(City, town, or county) (State or foreign country)
14. Maiden name Cynthia Morris
15. Birthplace Montgomery Co. Mo.
(City, town, or county) (State or foreign country)

16. (a) Informant Nelson Riggs
(b) Address Arrow Rock Mo.

17. (a) Burial (b) Date thereof May 30 1941
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Arrow Rock Mo.

18. (a) Signature of funeral director Campbell
(b) Address Marshall Mo.

19. (a) 6-1-1941 (b) P. L. Rawless
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Saline
(c) City or town Arrow Rock
(If outside city or town limits, write "RURAL")
(d) Street No. 1 (If rural, give location)
(e) If foreign born, how long in U. S. A.? 0 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 28
year 1941 hour 5 minute 10 a.m.

21. I hereby certify that I attended the deceased from May 20, 1941, to May 28, 1941,
that I last saw her alive on May 27, 1941,
and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Myocarditis

Due to 425
Due to 425

Other conditions Senile Dementia
(Include pregnancy within 3 months of death)

Major findings: Of operations 2
Of autopsy 2

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) 1
(b) Date of occurrence 7/16
(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?

(Specify type of place) While at work? (e) Means of injury 2
23. Signature Dr. J. M. A. Rawless (M.D. or other) P. L. Rawless
Address Blackwater Mo. Date signed 6-1-41

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

RECEIVED
District Health Officer No. 8,
District File Number
Date Filed 6-17-41

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

Registered Apprentice No.

working under my personal supervision.

Signed

R. W. Campbell

Licensed Embalmer No. 3469

P. O. Address

Marshall, 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.