

2
3-40
-39
X23159

State File No. _____

Registration District No. 411

Primary Registration District No. 2002

Registrar's No. _____

FILED JUL 11 1941

1. PLACE OF DEATH:

(a) County Jasper
(b) City or town Joplin
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: St. John's Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 2 days
(Specify whether
In this community 45 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jasper
(c) City or town Joplin
(If outside city or town limits, write "RURAL")
(d) Street No. 822 1/2 Main
(If rural, give location)
(e) If foreign born, how long in U. S. A. _____ years.

3. (a) PRINT FULL NAME Mary Pigg

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

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife John Pigg 6. (c) Age of husband or wife if alive 55 years
7. Birth date of deceased November 20, 1891
(Month) (Day) (Year)

8. AGE: Years 49 Months 6 Days 15 If less than one day
hr. _____ min. _____

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

10. Usual occupation Housewife

11. Industry or business _____

12. Name Columbus Dye
13. Birthplace Unknown (State or foreign country)
14. Maiden name Mary Ann
15. Birthplace Unknown (City, town, or county) (State or foreign country)

16. (a) Informant Pauline Carter
(b) Address 720 Park, Joplin, Missouri
17. (a) Burial (b) Date thereof 6-7-41
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Peace Cemetery

18. (a) Signature of funeral director Lanpher Mortuary
(b) Address Joplin, Missouri
19. (a) 6-7-41 (b) O. B. James
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 5th
year 1941 hour 11:00 minute a M.

21. I hereby certify that I attended the deceased from Apr 25, 1941, to June 5, 1941
that I last saw him alive on June 5, 1941
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary occlusion

Due to _____

Due to 94k

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

Major findings: Of operations _____
Of autopsy _____

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? _____
372 (Specify type of place) _____
While at work? _____ Means of injury _____
23. Signature H. Walker (M. D. or other) _____
Address Joplin Mo Date signed 6-5-41

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

MOTHER FATHER

41-7-594

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

F. M. Jones

Licensed Embalmer No.

2319

P. O. Address

Joplin 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.