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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 27658

FILED AUG 29 1941

Registration District No. 1

Primary Registration District No. 200

Registrar's No. 213

1 00

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

1. PLACE OF DEATH:

(a) County Adair

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

(c) Name of hospital or institution: Salt River Twp
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution ..... (Specify whether
In this community all his life
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Adair

(c) City or town Brashear (Rural)
(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.? 0 years.

3. (a) PRINT FULL NAME FEARLESS B. RIGDON.

3. (b) If veteran, name war .....

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

4. Sex M O

5. Color or race W

6. (a) Single, widowed, married, divorced M I

6. (b) Name of husband or wife Maude Rigdon

6. (c) Age of husband or wife if alive 61 years

7. Birth date of deceased Sept. (Month) 2 (Day) 1878 (Year)

8. AGE:

Years	Months	Days	If less than one day
62	10	2	hr. min.

9. Birthplace Adair Co. (City, town, or county) Mo. 0 (State or foreign country)

10. Usual occupation Farmer

11. Industry or business —

FATHER
12. Name Perry Rigdon
13. Birthplace Ill (City, town, or county) 1 (State or foreign country)

MOTHER
14. Maiden name Elizabeth King
15. Birthplace Brashear (City, town, or county) Mo. 0 (State or foreign country)

16. (a) Informant Mrs Maude Rigdon
(b) Address Brashear

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 7/23-41 (Month) (Day) (Year)
(c) Place: burial or cremation Bethel Cemetery

18. (a) Signature of funeral director Foster R. Easley
(b) Address Brashear Mo.

19. (a) July 25/41 (Date received local registrar) (b) Spencer L. Freeman (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept July day 20" year 1941 hour 10 minute 30 p. M.

21. I hereby certify that I attended the deceased from 7-20-41, 19....., to 7-20, 1941; that I last saw him alive on 7-20, 1941; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Apoplexy	
Due to Hypertension	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

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

23. Signature W. H. Egleston (M. D. or other) M.D.
Address Kirksville Mo. Date signed 7/23-41

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 10
District File Number 8-41-1579
Date Filed AUG 21 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 Foster P. Easley

Licensed Embalmer No. 1146

P. O. Address Bowling, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wi the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.