

FILED OCT 27 1941

Registration District No. 670

Primary Registration District No. 5849

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

1. PLACE OF DEATH:

(a) County Osage  
(b) City or town Rural  
(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  
In this community Life time (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Osage  
(c) City or town Rural  
(If outside city or town limits, write "RURAL")  
(d) Street No.  
(If rural, give location)  
(e) Citizen of foreign country? no (Yes or No)  
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 29  
year 41 hour 10 minute 0 M.  
21. I hereby certify that I attended the deceased from May 1941 to Sept 29 1941  
that I last saw her alive on Sept 29 1941  
and that death occurred on the date and hour stated above.

3. (a) PRINT FULL NAME Sarah M. Pigg  
3. (b) If veteran, name war  
3. (c) Social Security No.

4. Sex F 5. Color or race W 6. (a) Single, widowed, married, divorced W  
6. (b) Name of husband or wife Walter Pigg 6. (c) Age of husband or wife if alive, years  
7. Birth date of deceased: Feb 2 1856  
(Month) (Day) (Year)

8. AGE: Years 85 Months 7 Days 27 If less than one day hr. min.

9. Birthplace Osage County (City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business

MOTHER FATHER { 12. Name Jim Sears  
13. Birthplace Unknown (City, town, or county) (State or foreign country)  
14. Maiden name Unknown  
15. Birthplace Unknown (City, town, or county) (State or foreign country)

16. (a) Informant Chas. Pigg  
(b) Address 1529 Fairmont St. Louis

17. (a) Burial (b) Date thereof Oct 1-41  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Oklahoma Cemetery

18. (a) Signature of funeral director Morton Funeral Home

(b) Address Linn Mo

19. (a) Oct 1-1941 (b) Mrs Rosa Jett  
(Date received local registrar) (Registrar's signature)

Immediate cause of death Cerebral thrombosis  
Due to apoplexy  
Due to high blood pressure of age 8 years  
Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations of 3a  
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?

While at work? (Specify type of place) (e) Means of injury  
23. Signature [Signature] (M. D. or other)  
Address [Signature] Date signed Oct 1-41

**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 *Vernon M. Morton*

Licensed Embalmer No. *4125*

P. O. Address. *Linn*

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

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