No. 2
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X26390

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAR 16 1942

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 5593

Registration District No. 399

Primary Registration District No. 1002

Registrar's No. 954

1. PLACE OF DEATH:

(a) County Jackson

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

(c) Name of hospital or institution: 334 South Colorado /
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution ..... (Specify whether
In this community 44 Years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson 95

(c) City or town Kansas City
(If outside city or town limits, write "RURAL")

(d) Street No. 334 South Colorado 8
(If rural, give location)

(e) Citizen of foreign country? ..... (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME Esther W. Riggs

3. (b) If veteran, name war no

3. (c) Social Security No. No

4. Sex Female

5. Color or race White

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife John A. Riggs

6. (c) Age of husband or wife if alive 71 years

7. Birth date of deceased February (Month) 17 (Day) 1874 (Year)

8. AGE: Years 68 Months 0 Days 19 If less than one day ..... hr. ..... min.

9. Birthplace Peru Indiana (City, town, or county) / (State or foreign country)

10. Usual occupation Housewife

11. Industry or business

FATHER
12. Name Dr. W.J.Conner
13. Birthplace Peru (City, town, or county) Indiana / (State or foreign country)

MOTHER
14. Maiden name Eva Baker
15. Birthplace Cincinnatti (City, town, or county) Ohio / (State or foreign country)

16. (a) Informant Mr. John W. Riggs
(b) Address 334 South Colorado

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 3-8-1942 (Month) (Day) (Year)
(c) Place: burial or cremation Parsons Kansas

18. (a) Signature of funeral director Mrs. C.L.Forster
(b) Address Kansas City Mo.

19. (a) 3/7/42 (Date received local registrar) (b) M. M. Crowe (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 6 th. year 1942 hour 5 minute 25 P. M.

21. I hereby certify that I attended the deceased from Feb. 23, 1942, to March 6, 1942; that I last saw her alive on March 6, 1942, 19..; and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Thrombosis

Due to Hypertension & Rhumatic Arthritis.

Due to

Other conditions None
(Include pregnancy within 3 months of death)

Major findings:
Of operations None
Of autopsy None

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) No
(b) Date of occurrence None
(c) Where did injury occur? None (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? No. (Specify type of place)
While at work? (e) Means of injury

23. Signature C. O. Haas M.D. (M.D. brother)
Address 1533 So. 21st St., KCK. Date signed 3-7-42

(Licensed Embalmer's Statement on Reverse Side)

Dr. K.C.Haas
Upstairs over Fleming Drug store
21st. & Ruby Drive Argentine Ks.
10 - 11 A.M.

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 me, Registered Apprentice No. working under my personal supervision.

Signed Dwight C. Browning

Licensed Embalmer No. 2724

P. O. Address K. C. 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.