

FILED APR 6 1942 31
Registration District No. _____

Primary Registration District No. 2023

Registrar's No. 39

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

1. PLACE OF DEATH:

(a) County Johnson
(b) City or town Warrensburg, Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 4 weeks in Warrensburg Clinic
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 4 weeks (Specify whether 0)
In this community 50 yrs. years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Johnson
(c) City or town Warrensburg, Mo. (If outside city or town limits, write "RURAL")
(d) Street No. Clark Ave (If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Mar. day 15
year 1942 hour 6:15 minute _____ A.M.
21. I hereby certify that I attended the deceased from Jan
_____ 1942 to 3-14 1942
that I last saw him alive on 3-14 and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of uterus
Duration _____

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

Major findings: Of operations H & B
Of autopsy _____
PHYSICIAN _____
Underline the cause to which death should be charged statistically.

3. (a) PRINT FULL NAME Elizabeth Catherine Riggle
3. (b) If veteran, name war none 3. (c) Social Security No. none

4. Sex Female 5. Color or race white 6. (a) Single, widowed, married, divorced Widow
6. (b) Name of husband or wife Milton Jerome Riggle 6. (c) Age of husband or wife if alive deceased _____ years
7. Birth date of deceased Oct-27-1872 (Month) (Day) (Year)

8. AGE: Years 69 Months 4 Days 16 If less than one day _____ hr. _____ min.

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

10. Usual occupation Housekeeper

11. Industry or business _____
12. Name John Culp
13. Birthplace Unknown Unknown (City, town, or county) (State or foreign country)
14. Maiden name Mary Ann Miller
15. Birthplace Unknown Unknown (City, town, or county) (State or foreign country)

16. (a) Informant Farrest Riggle
(b) Address Warrensburg, Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Mar. 16-1942 (Month) (Day) (Year)
(c) Place: burial or cremation Sunset Hill

18. (a) Signature of funeral director Suzanne Phillips
(b) Address Warrensburg, Mo.
19. (a) Mar. 23-1942 (Date received local registrar) (b) Leola M. Williams (Registrar's signature)

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? _____ (c) Means of injury D
23: Signature R. Lee Cooper (M. D. or other) Med.
Address Warrensburg Mo Date signed 3-16-42

RECEIVED

District Health Officer No. 8,

District File Number _____

Date Filed 4-8-42

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 _____

R. A. Phillips

Registered Apprentice No. _____

working under my personal supervision.

Signed

R. A. Phillips

Licensed Embalmer No. _____

2320

P. O. Address _____

Warrensburg

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.