U. S. No. 2
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED APR 15 1942

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 11689

Registration District No. 7042 Primary Registration District No. 5933 Registrar's No. 1

1. PLACE OF DEATH:
(a) County: Polk
(b) City or town: Willard Mo. R1
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Rural West Looney Township
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution: ✓ (Specify whether years, months or days)
In this community: Life

2. USUAL RESIDENCE OF DECEASED:
(a) State: Mo (b) County: Polk
(c) City or town: Willard Mo. R1
(If outside city or town limits, write "RURAL")
(d) Street No.: Rural West Looney Twsp.
(If rural, give location)
(e) Citizen of foreign country? (Yes or No): O
If yes, name country:

84

3. (a) PRINT FULL NAME: Sarah Alice Pigg
3. (b) If veteran, name war:
3. (c) Social Security No.:
4. Sex: F. 1.
5. Color or race: W.
6. (a) Single, widowed, married, divorced: Married 1
6. (b) Name of husband or wife: John E. Pigg
6. (c) Age of husband or wife if alive: 81 years
7. Birth date of deceased: May (Month) 30 (Day) 1855 (Year)

8. AGE: Years 86 Months 7 Days 23 If less than one day hr. min.

9. Birthplace: Webster Co (Webster) Mo. O (City, town, or county) (State or foreign country)
10. Usual occupation: Housewife
11. Industry or business:
FATHER 12. Name: James Eares
FATHER 13. Birthplace: 1 Tennessee (City, town, or county) (State or foreign country)
MOTHER 14. Maiden name: ✓
MOTHER 15. Birthplace: ✓ 9 (City, town, or county) (State or foreign country)
16. (a) Informant: Mr. John E. Pigg
(b) Address: Willard Mo R1
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 1-25-42 (Month) (Day) (Year)
(c) Place: burial or cremation: Hickory Grove Cemetery
18. (a) Signature of funeral director: Geo. O. Brown
(b) Address: Walnut Grove Mo.
19. (a) April 2-1942 (Date received local registrar) (b) Hilland E. Dickinson (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 23 year 1942 hour 10 minute 30 A.M.
21. I hereby certify that I attended the deceased from Oct. 29, 1941, to Jan. 23, 1942, that I last saw h. alive on Jan. 8, 1942, and that death occurred on the date and hour stated above.

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

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: (M. D. or other)
Address: Date signed:

(Licensed Embalmer's Statement on Reverse Side)

638

RECEIVED
District Health Officer No. 7,
District File Number 4-42-380
Date Filed 4-13-42

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 Bernard Wright, Registered Apprentice No. 299, working under my personal supervision.

Signed J W Birch

Licensed Embalmer No. 3856

P. O. Address Ash Grove, 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.