

S. No. 2
DM-542
v. 5-17-39
X32873

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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED DEC 10 1942

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

Registration District No. 316

Primary Registration District No. 3061

Registrar's No. 39

94
5
2

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

1. PLACE OF DEATH:

(a) County St. Francois

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

(c) Name of hospital or institution: 1
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____ (Specify whether _____)

In this community Life Time
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo.

(b) County St. Francois

(c) City or town Flat River
(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 _____

3. (a) PRINT FULL NAME James Walter Rigbee

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 11 day 4
year 1942 hour 10 minute 0 M.

4. Sex male

5. Color or face white

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

6. (b) Name of husband or wife Edyth S. Rigbee

6. (c) Age of husband or wife if alive 54 years

7. Birth date of deceased Nov 3 1881
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from June 11 to Nov 4 that I last saw him alive on Nov 2 and that death occurred on the date and hour stated above.

8. AGE: Years 61 Months - Days 1 If less than one day _____ hr. _____ min.

Immediate cause of death Carcinoma rectum

Duration 3 yrs

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

Due to _____

Due to H6A

10. Usual occupation glazier

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

11. Industry or business _____

12. Name Wm E. Rigbee

13. Birthplace Gen
(City, town, or county) (State or foreign country)

14. Maiden name Lucretia Moore

15. Birthplace Charleston Mo
(City, town, or county) (State or foreign country)

Major findings: Carcinoma rectum

Of operations _____

Of autopsy _____

PHYSICIAN _____
Underline the cause to which death should be charged statistically.

16. (a) Informant Edith Rigbee

(b) Address Flat River Mo.

22. If death was due to external causes, fill in the following:

17. (a) Burial
(Burial, cremation, or removal)

(b) Date thereof 11/6/42

(c) Place: burial or cremation Farmington Mo

(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? _____

18. (a) Signature of funeral director bedwell Bur

(b) Address Flat River Mo

19. (a) 11-6-1942 (b) Sydie Buhrmaster
(Date received local registrar) (Registrar's signature)

While at work? _____ (Specify type of place)

Means of injury _____

23. Signature W O Galt (M. D. or other) _____
Address Keosauqua Mo Date signed 11-6-42

RECEIVED

District Health Officer No. 3
District File Number 1242-1456
Date Filed APR 5 1948

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.....

Licensed Embalmer No.....

P. O. Address.....

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.