

STANDARD CERTIFICATE OF DEATH

State File No.

Registration District No. 374

Primary Registration District No. 4546

Registrar's No.

1. PLACE OF DEATH:

(a) County. Worth Co.
(b) City or town. Denver Mo.
(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. 6 yrs (Specify whether years, months or days)

3. (a) PRINT FULL NAME. FRANCIS MARION PIGG

3. (b) If veteran, name war. 3. (c) Social Security No.

4. Sex. M 5. Color or Race. W 6. (a) Single, widowed, married, divorced. married

6. (b) Name of husband or wife. Sophia Pigg 6. (c) Age of husband or wife if alive. 82 1/2 years

7. Birth date of deceased. Feb 24 1909
(Month) (Day) (Year)

8. AGE: Years 83 Months 7 Days 27 If less than one day hr. min.

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

10. Usual occupation. Retired Farmer

11. Industry or business.

12. Name. Richard Kellew Pigg

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

14. Maiden name.

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

16. (a) Informant. Orville M. Pigg

(b) Address. 616 Henne Excelsior Springs Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof. 10 23 1942
(Month) (Day) (Year)

(c) Place: burial or cremation. Kent Cemetery

18. (a) Signature of funeral director. James Pigg

(b) Address. Denver 116

19. (a) Nov 5, 1942 (b) Arlene Scadden
(Date received from registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State. Missouri (b) County. Worth

(c) City or town. Denver Missouri
(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. 0

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 21
year 1942 hour 10:10 minute A. M.

21. I hereby certify that I attended the deceased from 1937 to 1942

that I last saw him alive on Oct 20 and that death occurred on the date and hour stated above.

Immediate cause of death. Coronary Occlusion Duration

Due to Arteriosclerosis

Due to 94

Other conditions. 94
(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?

While at work? ✓ (Specify type of place) (e) Means of injury 2

23. Signature J. H. Bailey D.O. (M. D. or other) Do

Address Denver Mo Date signed Oct 22 1942

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.....

J. P. Brain

Licensed Embalmer No. *2947*

P. O. Address *Denver, Ill.*

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.