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

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

2284

FILED JAN 30 1943

State File No. ....

Registration District No. 218

Primary Registration District No. 5465

Registrar's No. 33

1. PLACE OF DEATH:

(a) County 218 GREENE

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

(c) Name of hospital or institution:  
R. R. 4  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 40 Years  
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Greene

(c) City or town Rural N Campbell  
(If outside city or town limits, write "RURAL")

(d) Street No. R. 4  
(If rural, give location)

(e) Citizen of foreign country? 0 (Yes or No)  
If yes, name country 0

3. (a) PRINT FULL NAME Emma Riggs

3. (b) If veteran, name war None

3. (c) Social Security No. None

4. Sex Female 5. Color or race W

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

6. (b) Name of husband or wife Unknown

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

7. Birth date of deceased: August 3 1854  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>88</u>	<u>5</u>	<u>8</u>	hr. min.

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

10. Usual occupation Housewife

11. Industry or business

MOTHER FATHER

12. Name John Beachler

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

14. Maiden name Unknown

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

16. (a) Informant Roy Riggs

(b) Address 214 1/2 Main St. Joplin, Mo.

17. (a) Removal (b) Date thereof 1-12-43  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Joplin, Mo.

18. (a) Signature of funeral director Dunn Funeral Home

(b) Address Springfield, Mo.

19. (a) 1-12-43 (b) W. H. Handley  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 11  
year 1943 hour 5 minute 40 P. A. M.

21. I hereby certify that I attended the deceased from 1, 11, 43 19... to 1, 11, 43 19...  
that I last saw her alive on 1, 11, 43 19...  
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral hemorrhage Duration few hrs.

Due to

Due to

Other conditions 830  
(Include pregnancy within 3 months of death)

PHYSICIAN

Major findings:  
Of operations  
Of autopsy

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

23. Signature J. Musick (M. D. or other)  
Address Springfield, Missouri Date signed 1, 12, 43

**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.....

*Body was Embalmed*, Registered Apprentice No. ....  
working under my personal supervision.

Signed..... *Frank Grable Jr.*

Licensed Embalmer No. *4140*

P. O. Address..... *Springfield, Va*

**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.**