

FILED FEB 10 1943

Registration District No. **146**

Primary Registration District No. **5568**

Registrar's No. **21**

48
0

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

1. PLACE OF DEATH:

(a) County **Jackson**

(b) City or town **Rural Blue Tuss**
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
1844 Claremont
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution **at Home**
(Specify whether)

In this community **26 years**
years, months or days

3. (a) PRINT FULL NAME **Eva Riggs**

3. (b) If veteran, name war **-**

3. (c) Social Security No. **-**

4. Sex **Female**

5. Color or race **wh**

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

6. (b) Name of husband or wife **W. H. Riggs**

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

7. Birth date of deceased **Aug. 12 - 1859**
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
83	5	7hr.min.

9. Birthplace **De Kalb Co. Mo**
(City, town, or county) (State or foreign country)

10. Usual occupation **House wife**

11. Industry or business

MOTHER FATHER { 12. Name **George M. Brown**

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

14. Maiden name **Vitcomb Alabama**

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

16. (a) Informant **Grace Riggs**

(b) Address **1844 Claremont Independence Mo.**

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

(b) Date thereof **1-21-43**
(Month) (Day) (Year)

(c) Place: burial or cremation **Riggs Cemetery**

18. (a) Signature of funeral director **W. J. Mitchell**

(b) Address **Independence Mo.**

19. (a) **1-20-1943**
(Date received local registrar)

JAMES W. ROSS
(Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Jackson**

(c) City or town **Rural Inter-City Dist.**
(If outside city or town limits, write "RURAL")

(d) Street No. **1844 Claremont**
(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 **Jan** day **19**
year **1943** hour **5:15 AM** minute

21. I hereby certify that I attended the deceased from **Jan 10 1943** to **Jan 19 1943**; that I last saw her alive on **Jan 18 1943**; and that death occurred on the date and hour stated above.

Immediate cause of death: **Congestive heart failure**

Duration **4 da**

Due to **cardio-renal-vascular hypertensive** **10 yrs**

Due to **hypertensive**

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations **none** **13/1a**

Of autopsy **none**

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.....

23. Signature **B. H. Allen** (M. D. or other) **MD**

Address **Independence Mo.** Date signed **1/20/43**

JUN 22 1944

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.