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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No.

MAR 12 1943

Registration District No. 537 Primary Registration District No. 6148 Registrar's No. 10

JAN 14 1943

1. PLACE OF DEATH:

(a) County Shelby

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

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

(d) Length of stay: In hospital or institution (Specify whether
In this community 50 Years
years, months or days)

2. USUAL RESIDENCE OF DECEASED: 102

(a) State Missouri (b) County Shelby 0

(c) City or town Clarence Rural 0
(If outside city or town limits, write "RURAL")

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

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

3. (a) PRINT FULL NAME Walter R. Rigsby

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex Male

5. Color or race White 0

6. (a) Single, widowed, married, divorced married 1

6. (b) Name of husband or wife Nannie Rigsby

6. (c) Age of husband or wife if alive 65 years

7. Birth date of deceased June (Month) 13th (Day) 1874 (Year)

8. AGE:

Years	Months	Days	If less than one day
68	6	24	hr. min.

9. Birthplace Monroe Co (City, town, or county) Mo. 0 (State or foreign country)

10. Usual occupation Farming

11. Industry or business

FATHER
12. Name John Rigsby
13. Birthplace Not Known 9 (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Mary Smith
15. Birthplace Not Known 9 (City, town, or county) (State or foreign country)

16. (a) Informant Mrs Amos Hall
(b) Address Clarence, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 1/8/43. (Month) (Day) (Year)
(c) Place: burial or cremation Clarence Mo

18. (a) Signature of funeral director Million & Barkeley
(b) Address Clarence, Mo.

19. (a) Feb. 4.43 (Date received local registrar) (b) Madge Goode (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 6
year 1943 hour 6 minute a M.

21. I hereby certify that I attended the deceased from Nov 1 1940 to Jan 6 1943
that I last saw him alive on Feb 24 1942
and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Carcinoma of Right Eye	25 months
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

55¢

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 D. L. Harlan (M. D. or other) 0
Address Clarence Mo Date signed Jan 8 1943

1095

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 10
District File Number 3-4-3-499
Date Filed MAR 10 1949

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 E. W. Hawkins

Licensed Embalmer No. 3498

P. O. Address Shelbina, 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.