

FILED JUN 7 1943
 Registration District No. 199

Primary Registration District No. 1002

Registrar's No. 2068

1. PLACE OF DEATH:
 (c) County Jackson
 (b) City or town Kansas City
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
4237 Brooklyn Avenue 0
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____ (Specify whether)
 In this community 13 Years
 years, months or days

2. USUAL RESIDENCE OF DECEASED:
 (a) State Missouri (b) County Jackson 48
 (c) City or town Kansas City 3
 (If outside city or town limits, write "RURAL")
 (d) Street No. 4237 Brooklyn 8
 (If rural, give location)
 (e) Citizen of foreign country? No (Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME Mr. James Epler Riggle
 3. (b) If veteran, name war no 3. (c) Social Security No. none

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month May day 2nd
 year 1943 hour 7 minute 15 A. M.
 21. I hereby certify that I attended the deceased from Jan 1 - Y 3
May 1 - 1943 to May 2 - 43, 19____;
 that I last saw him alive on May 1 - 1943
 and that death occurred on the date and hour stated above.

4. Sex Male 5. Color or race White
 6. (a) Single, widowed, married, divorced Widowed
 6. (b) Name of husband or wife Mrs. Minnie Riggle
 6. (c) Age of husband or wife if alive _____ years

Immediate cause of death
Chronic Poisoning
repeated, chronic
Cerebral Hemorrhage
 Due to _____
 Due to 1310

7. Birth date of deceased April 27 1855
 (Month) (Day) (Year)
 8. AGE: Years Months Days If less than one day
88 0 5 hr. min.

Other conditions Artero Sclerosis
 (Include pregnancy within 3 months of death)
 Major findings:
 Of operations _____
 Of autopsy _____
 PHYSICIAN _____
 Underline the cause to which death should be charged statistically.

9. Birthplace New Albany Indiana 1
 (City, town, or county) (State or foreign country)
 10. Usual occupation Heater Forge Shop
 11. Industry or business retired
 12. Name Unknown Riggle
 13. Birthplace Unknown
 (City, town, or county) (State or foreign country)
 14. Maiden name Unknown
 15. Birthplace Unknown
 (City, town, or county) (State or foreign country)

16. (a) Informant Mrs. W. E. Keys
 (b) Address 4237 Brooklyn Avenue
 17. (a) Burial (b) Date thereof May 5, 1943
 (Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation Floral Hills Cemetery
 18. (a) Signature of funeral director W. H. Newcomer Sons
 (b) Address 1401 Brush Creek Blvd.
 19. (a) 5-3-43 (b) M. M. Brown
 (Date received local registrar) (Registrar's signature)

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) (c) Means of injury _____
 23. Signature E. C. Runney (M. D. or other)
 Address 311 Riggle Bldg Date signed 5/3-43

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

MOTHER FATHER

311
11:30-5:15
Bundy

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..... *R. C. Newcomer Jr.*
Licensed Embalmer No..... *5043*
P. O. Address..... *R. C. Newcomer Jr.*

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.