

FILED DEC 10 1943

Registration District No. 53

Primary Registration District No. 3010

Registrar's No. 375

1. PLACE OF DEATH:

(a) County Cape Girardeau
(b) City or town Cape Girardeau
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: St. Francis Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 4 days (Specify whether years, months or days) 0

3. (a) PRINT FULL NAME William Lloyd Digges

3. (b) If veteran, YES name war SPANISH AMERICAN No. No.
3. (c) Social Security No. _____

4. Sex M 5. Color or race W 6. (a) Single, widowed, married, divorced, widowed
6. (b) Name of husband or wife Jennie Digges 6. (c) Age of husband or wife if alive ✓ years _____
7. Birth date of deceased Nov 9 - 1874
(Month) (Day) (Year)

8. AGE: Years 69 Months 18 Days _____ If less than one day hr. _____ min. _____

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

10. Usual occupation Doctor

11. Industry or business _____

MOTHER FATHER

12. Name Henry Digges
13. Birthplace New Madrid, Mo.
(City, town, or county) (State or foreign country)
14. Maiden name Elizabeth La Forge
15. Birthplace New Madrid, Mo.
(City, town, or county) (State or foreign country)

16. (a) Informant J. F. Hunter

(b) Address New Madrid, Mo.

17. (a) Removal (b) Date thereof Nov 29 - 1943
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Evergreen

18. (a) Signature of funeral director Richard Und. Co.

(b) Address La Salle, New Madrid, Mo.

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

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County New Madrid
(c) City or town New Madrid, Mo.
(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 _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 11 day 27 year 47 hour 2 minute 30 a.m.

21. I hereby certify that I attended the deceased from 11-26 1943 11-28 1943 that I last saw him alive on 11-26 1943 and that death occurred on the date and hour stated above.

Immediate cause of death _____ Duration _____

Due to Cerebral Aneurysm
Due to _____

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

Major findings: Of operations 83a
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)
(c) Means of injury _____
23. Signature W. H. Phelps (M.D. or other) 705
Address Cape Girardeau, Mo. Date signed 12/10/43

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

FEB 16 1943

RECEIVED

District Health Officer No. 4
District File Number 1243-306
Date Filed 12-9-43

MAR 16 1943

JAN 19 1948

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 *Virgil H. Heild*

Licensed Embalmer No. *4102*

P. O. Address. *Cape Girardeau-1*

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.