S. No. 2
0M—2-43
v. 5-17-39
I X35697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUN 12 1944

Registration District No. 324

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 3072

State File No. 19234

Registrar's No. [illegible]

1. PLACE OF DEATH:

(a) County Saline

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

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

(d) Length of stay: In hospital or institution 2 Days (Specify whether years, months or days)

In this community All her life

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Saline 97

(c) City or town Marshall, Route # 2.
(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

3. (a) PRINT FULL NAME Birdie Belle Riggins

3. (b) If veteran, name war

3. (c) Social Security No. None

4. Sex Female

5. Color or race White

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

6. (b) Name of husband or wife Thomas Frank Riggins

6. (c) Age of husband or wife if alive 62 years

7. Birth date of deceased March (Month) 29th (Day), 1889 (Year)

8. AGE: Years 55 | Months 1 | Days 28 | If less than one day ___ hr. ___ min.

9. Birthplace Saline County (City, town, or county) Missouri (State or foreign country)

10. Usual occupation Housekeeper

11. Industry or business

FATHER
12. Name William E. Dennis
13. Birthplace Cooper County (City, town, or county) Missouri (State or foreign country)

MOTHER
14. Maiden name Ona Stogsdale
15. Birthplace — (City, town, or county) Missouri (State or foreign country)

16. (a) Informant Frank Riggins

(b) Address Marshall, Mo. Route # 2.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof May 28 (Month) (Day) 1944 (Year)

(c) Place: burial or cremation Hazel Grove cemetery

18. (a) Signature of funeral director [illegible]

(b) Address Marshall, Mo.

19. (a) 5-27-44 (Date received local registrar) (b) Mrs T. O. Westhook (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 27th year 1944 hour 6 minute 5 A.M.

21. I hereby certify that I attended the deceased from April 22, 1944 to May 27, 1944 that I last saw her alive on 1145 PM 5-26, 1944 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Flu	35 da
Due to Infection of mastoid bone R. abscess R Ear	12 da
Due to	
Other conditions (Include pregnancy within 3 months of death)	

330

Major findings:
Of operations No
Of autopsy No

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 A. C. Putnam (M. D. ~~or other~~)

Address Marshall Mo Date signed 5-27-44

1215

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 8,
District File Number
Date Filed 6-9-47

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. W. Campbell Jr.

Licensed Embalmer No. 3469

P. O. Address Marshall, 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.