

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

37837

State File No. _____

Registration District No. 13

Primary Registration District No. 3021

Registrar's No. 325

1. PLACE OF DEATH

(a) County Grundy
(b) City or town TRENTON
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Cullens Hosp
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 5 weeks in town
(Specify whether
In this community 60 days in community
years, months or days)

3. (a) PRINT FULL NAME Sylvia Riggs

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 Widowed

6. (b) Name of husband or wife Samuel A. Riggs 6. (c) Age of husband or wife if alive — years

7. Birth date of deceased Nov 20 1892
(Month) (Day) (Year)

8. AGE: Years 51 Months 11 Days 11 If less than one day — hr. — min.

9. Birthplace Grundy County Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation County Director Social Security

11. Industry or business Social Security Office

12. Name Ed RALIFF

13. Birthplace UNKNOWN VIRGINIA
(City, town, or county) (State or foreign country)

14. Maiden name LORA E WILSON

15. Birthplace TRENTON MO.
(City, town, or county) (State or foreign country)

16. (a) Informant Mary J Riggs
(b) Address Trenton, Mo.

17. (a) Burial (b) Date thereof 11-5-44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Amity, Mo.

18. (a) Signature of funeral director Raymond A Davis
(b) Address Trenton, Mo.

19. (a) 11-3-44 (b) L. J. Roberts
(Date received local Registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County DEKALB
(c) City or town Amity
(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 Nov day 1
year 1944 hour 10:30 minute P M.

21. I hereby certify that I attended the deceased from 9-6- 1944, to 11-1- 1944

that I last saw her alive on 11-1- 1944
and that death occurred on the date and hour stated above.

Immediate cause of death Lymphosarcoma

Due to Lymphosarcoma

ADDITIONAL SUPPLEMENTARY INFORMATION REQUESTED
Other conditions (Include pregnancy within 3 months of death)

Major findings: Mass in retroperitoneal space behind stomach
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? _____

While at work? _____ (Specify type of place)
(e) Means of injury —

23. Signature Mary J Riggs (M. D. or other) md
Address Trenton Mo. Date signed 11-2-44

MAR 4 1946

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.....

working under my personal supervision.

My self

Registered Apprentice No.....

Signed.....

Raymond A. Davis

Licensed Embalmer No.....

3424

P. O. Address.....

Stenton 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.

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STANDARD CERTIFICATE OF DEATH

State File No. all
Registrar's No. 325

Registration District No. 132 Primary Registration District No. 3021

1. PLACE OF DEATH:

(a) County Grundy
(b) City or town Trenton
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether
In this community years, months or days)

3. (a) PRINT
FULL NAME

Sylvia Riggs
3. (b) If veteran, name war 3. (c) Social Security No.

4. Sex F 5. Color or race W 6. (a) Single, widowed, married, divorced W
6. (b) Name of husband or wife 6. (c) Age of husband or wife if alive

7. Birth date of deceased Nov. 20 (Month) (Day) (Year)

8. AGE: Years 51 Months 11 Days no (Unless than one day) min.

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

10. Usual occupation

11. Industry or business

12. Name

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

14. Maiden name

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

16. (a) Informant

(b) Address

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

(c) Place: burial or cremation

18. (a) Signature of funeral director

(b) Address

19. (a) (Date received local registrar) (b) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State (b) County
(c) City or town (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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov day 20 year 1944 hour 10 minute 30 M.

21. I hereby certify that I attended the deceased from 1944 to 1944 that I last saw him alive on Nov 20 and that death occurred on the date and hour stated above.
Immediate cause of death A mass tumor found in the abdominal cavity behind the stomach. When a biopsy was done lymphocarcinoma was diagnosed. The primary seat of the growth was not determined. It was thought to be Duration 550

Due to causely behind the stomach. When a biopsy was done lymphocarcinoma was diagnosed. The primary seat of the growth was not determined. It was thought to be
Due to was done lymphocarcinoma was diagnosed. The primary seat of the growth was not determined. It was thought to be
Other conditions Primary seat of the growth was not determined. It was thought to be
(Include pregnancy within 3 months of death)

Major findings: Of operations determined. It was thought to be
Of autopsy was thought to be

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 M. A. Green (M.D. or other)
Address Trenton Mo Date signed 12-8-44

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

SUPPLEMENTARY

37837

10/10/2010
10/10/2010