

No. 2
1-2-43
5-17-39
X35807

FILED JAN 13 1945

Registration District No. **20**

Primary Registration District No. **4031**

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

1. PLACE OF DEATH:

(a) County **Bates**

(b) City or town **Adrian**
(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) **1**

(d) Length of stay: In hospital or institution _____
(Specify whether years, months or days) **69 Years**

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Bates** **7**

(c) City or town **Adrian** **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 _____ **FR**

3. (a) PRINT FULL NAME **Etta A. Rice RIGDON.**

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

4. Sex **Female** 5. Color or race **White** 6. (a) Single, widowed, married, divorced **Married**

6. (b) Name of husband or wife **Charles R Rigdon** 6. (c) Age of husband or wife if alive **74** years

7. Birth date of deceased **MARCH 14 1875**
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	69	8	17	hr. _____ min. _____

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

10. Usual occupation **Housewife**

11. Industry or business _____

12. Name **Daniel Webster Morri**

13. Birthplace **Not Known** **9**
(City, town, or county) (State or foreign country)

14. Maiden name **Anna Allen**

15. Birthplace **Kentucky** **1**
(City, town, or county) (State or foreign country)

16. (a) Informant **Veta Zehnder**

(b) Address **Clinton Missouri**

17. (a) **Burial** (b) Date thereof **12-3-44**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Crescent Hill Cem.**

18. (a) Signature of funeral director **Adrian Missouri**

(b) Address _____

19. (a) **12-1-44** (b) **blaudessif**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Dec.** day **1** year **1944** hour **7** minute **40 P.M.**

21. I hereby certify that I attended the deceased from **18** **1943** to **Dec 1** **1944**; that I last saw **her** alive on **Dec 1** **1944**; and that death occurred on the date and hour stated above.

Immediate cause of death **acute myocarditis.** Duration **3 days.**

Due to **Chronic myocarditis.** **20 yrs**

Due to _____

Other conditions _____
(Include pregnancy within 3 months of death) **936**

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? _____

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

23. Signature **D. S. Colson** (M. D. or other) **DO.**

Address **Adrian Mo.** Date signed **12-2-44**

1249

JAN 17 1945

12-44-1502
1-12-45

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 and

Fred J. Leath # 3343

Registered Apprentice No. _____

working under my personal supervision.

Signed Adrian M.

Licensed Embalmer No. 3650

P. O. Address Adrian 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.