

S. No. 2
M-5-43
5-17-39
I X36671

FILED MAY 20 1946
Registration District No. 272

Primary Registration District No. 4445

16689
WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County Ray

(b) City or town Erriek
(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 all of life (Specify whether
years, months or days)

3. (a) PRINT FULL NAME WILLIAM SHIRLEY DIGG

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

4. Sex male 5. Color or race white

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

6. (b) Name of husband or wife Ruth Digg 6. (c) Age of husband or wife if alive 50 years

7. Birth date of deceased July 31 1890
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

55 8 20 hr. min.

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

10. Usual occupation HardWare

11. Industry or business

12. Name George Harvey Digg

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

14. Maiden name Dora Brasher

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

16. (a) Informant Ruth Digg

(b) Address Erriek Mo.

17. (a) Burial (b) Date thereof 4-23, 1946
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation South Point

18. (a) Signature of funeral director B. W. Wood

(b) Address Erriek Mo.

19. (a) 4-27-46 (b) Kelley Larkin
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Ray 89

(c) City or town Erriek 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 April day 21st
year 1946 hour 10:00 minute _____ P. M.

21. I hereby certify that I attended the deceased from Apr 21 1946 to Apr 21 1946
that I last saw him alive on Apr 21 1946
and that death occurred on the date and hour stated above.

Immediate cause of death Acute Dilatation

Due to Chronic Bronchial

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

Major findings: _____

Of operations _____

Of autopsy 95c

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 name of place) (b) Means of injury _____

23. Signature [Signature] (M. D. or other) _____
Address [Address] Date signed 4-25-46

PHYSICIAN

Underline the cause to which death should be charged statistically.

5-17-46

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.....

Self

....., Registered Apprentice No.
working under my personal supervision.

Signed

Victor E. Lemminger

Licensed Embalmer No.

2896

P. O. Address.....

Liberty 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.