

Registration District No. \_\_\_\_\_ Primary Registration District No. **3005**

1. PLACE OF DEATH:  
 (a) County **Bates**  
 (b) City or town **Butler**  
(If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution: **Butler Memorial**  
(If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution **7 Hours**  
(Specify whether years, months or days)  
 In this community **Lifetime**

3. (a) PRINT FULL NAME **Emma Kate NIGGLEY**  
 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 2**  
 6. (b) Name of husband or wife **John Niggley** 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
 7. Birth date of deceased **Feb. 25 1875**  
(Month) (Day) (Year)

8. AGE: Years **72** Months **0** Days **17** If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace **Bates County, Missouri**  
(City, town, or county) (State or foreign country)  
 10. Usual occupation **Housewife**

11. Industry or business \_\_\_\_\_  
 12. Name **John Peters**  
 13. Birthplace **Germany**  
(City, town, or county) (State or foreign country)  
 14. Maiden name **Sarah Wesper**  
 15. Birthplace **Ohio**  
(City, town, or county) (State or foreign country)

16. (a) Informant **Walter Niggley**  
(Name)  
 (b) Address **Butler, Missouri**  
 17. (a) **Burial** (b) Date thereof **3-16-47**  
(Burial, cremation, or removal) (Month) (Day) (Year)  
 (c) Place: burial or cremation **Oak Hill Cemetery**

18. (a) Signature of funeral director **Booth Funeral Home**  
 (b) Address **Butler, Missouri**  
 19. (a) **3-15-47** (b) **J. H. Perry**  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:  
 (a) State **Missouri** (b) County **Bates**  
 (c) City or town **Butler**  
(If outside city or town limits, write "RURAL")  
 (d) Street No. **209 N. Havana**  
(If rural, give location)  
 (e) Citizen of foreign country? **No** (Yes or No)  
 If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **March** day **13**  
 year **1947** hour **5:00** minute **P** M.  
 21. I hereby certify that I attended the deceased from **Sept 15 1946** to **March 13 1947**  
 that I last saw her alive on **March 13 1947**  
 and that death occurred on the date and hour stated above.

Immediate cause of death \_\_\_\_\_  
**Cerebral Arteriosclerosis**  
 Due to \_\_\_\_\_  
**Cerebral Disease**  
 Other conditions **Chromocystitis**  
(Include pregnancy within 3 months of death)  
 Major findings: \_\_\_\_\_  
 Of operations \_\_\_\_\_  
 Of autopsy \_\_\_\_\_

Duration \_\_\_\_\_  
 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? **0**  
 While at work \_\_\_\_\_ (Specify type of place) (e) Means of injury \_\_\_\_\_  
 23. Signature **J. H. Perry** (M. D.)  
 Address **Butler, Mo.** Date signed **3/14/47**

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

MOTHER FATHER

RECEIVED  
District Health Officer No. 7,  
District File Number 4-47-614  
Date Filed 5-20-47

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.....

*Samuel H. Beck*

Registered Apprentice No. 471

working under my personal supervision.

Signed

*John G. [Signature]*

Licensed Embalmer No. 358

P. O. Address.....

**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.