S. No. 2
M—1/47
. 5-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED SEP 2 1947

Registration District No. 149

MISSOURI DIVISION OF HEALTH
# STANDARD CERTIFICATE OF DEATH

State File No. 27902

Primary Registration District No. 1002

Registrar's No. 3549

1. PLACE OF DEATH:
(a) County: Jackson
(b) City or town: Kansas City
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 908 Cherry
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution ..... (Specify whether years, months or days)
In this community: unknown

2. USUAL RESIDENCE OF DECEASED:
(a) State: MO (b) County: Jackson
(c) City or town: Kansas City
(If outside city or town limits, write "RURAL")
(d) Street No.: 908 Cherry
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME: John James Riggs
3. (b) If veteran, name war: no
3. (c) Social Security No.: 494-14-9195
4. Sex: Male
5. Color or race: White
6. (a) Single, widowed, married, divorced: Divorced
6. (b) Name of husband or wife: unknown
6. (c) Age of husband or wife if alive ..... years
7. Birth date of deceased: Nov. (Month) 11 (Day) 1869 (Year)

| 8. AGE: Years | Months | Days | If less than one day |
|---|---|---|---|
| 78 | 9 | 5 | ..... hr. ..... min. |

9. Birthplace: mo (City, town, or county) (State or foreign country)
10. Usual occupation: Parking lot operator
11. Industry or business:
MOTHER FATHER
12. Name: Silas Riggs
13. Birthplace: mo. (City, town, or county) (State or foreign country)
14. Maiden name: Josephine Torrett
15. Birthplace: Ky. (City, town, or county) (State or foreign country)
16. (a) Informant: Maupsin Riggs
(b) Address: Peoria, Ill.
17. (a) Funeral (Burial, cremation, or removal) (b) Date thereof: 8/19/47 (Month) (Day) (Year)
(c) Place: burial or cremation: Springfield, Mo
18. (a) Signature of funeral director: Pasmpkins Bros
(b) Address: 2117 Independence Blvd
19. (a) 8-18-47 (Date received local registrar) (b) Geraldine Holmes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month aug day 16 year 1947 hour 8 minute 20 A.M.
21. I hereby certify that I attended the deceased from ..... 19..... to ..... 19..... ; that I last saw h..... alive on ..... 19..... ; and that death occurred on the date and hour stated above.

| | Duration |
|---|---|
| Immediate cause of death: Coronary Insufficiency | |
| Due to: Cerebral Thrombosis | |
| Due to: | |
| Other conditions (Include pregnancy within 3 months of death): | |
| Major findings: Of operations: 0 | |
| Of autopsy: no Gastroenteritis | |

PHYSICIAN — Underline the cause of 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: James Walker (M. D. or other)
Address: 1924 Pl/Mf Date signed: 8-17-47

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

## 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 D. L. Kepley

Licensed Embalmer No. 4225

P. O. Address Indep, 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.