

No. 2
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED AUG 29 1947
Registration District No. 155

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. _____
Registrar's No. 136

Primary Registration District No. 5579

1. PLACE OF DEATH:
(a) County Jasper
(b) City or town Newton
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Jasper Co. TB Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 4 mos (Specify whether)

In this community _____ years, months or days
3. (a) PRINT FULL NAME Bailey Bernice Reggs
3. (b) If veteran, name war _____ **3. (c)** Social Security No. _____

4. Sex Male **5. Color or race** W.
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Pearl Riggs **6. (c)** Age of husband or wife if alive _____ years
7. Birth date of deceased July 22 - 1909
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
37 11 28 hr. _____ min.

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

10. Usual occupation Miner.
11. Industry or business Lead and Zinc Mines.

12. Name Nathan Riggs
13. Birthplace Missouri

14. Maiden name Margaret Boyd (State or foreign country)
15. Birthplace Unknown (City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Pearl Riggs
(b) Address Diamond, Mo. R. 5.

17. (a) Burial (Burial, cremation, or removal) Diamond, Mo. **(b) Date thereof** 7-22-47
(Month) (Day) (Year)
(c) Place: burial or cremation _____

18. (a) Signature of funeral director Hobson
(b) Address 200 S. Francis St., Richer, Okla

19. (a) 8-22-47 **(b)** H. P. Mitchell M.D.
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Newtown
(c) City or town Neosho
(If outside city or town limits, write "RURAL")
(d) Street No. Rte 5 (If rural, give location)
(e) Citizen of foreign country? 9/6 (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month July day 20
year 1947 hour 2 minute 0 P. M.
21. I hereby certify that I attended the deceased from March 28, 1947 to July 20, 1947
that I last saw him alive on July 20, 1947
and that death occurred on the day and hour stated above.

Immediate cause of death _____
Pulmonary Tuberculosis
Due to _____
Due to _____
Other conditions (Include pregnancy within 3 months of death) _____
Major findings: Of operations 13 10
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 5
23. Signature Jesse E. Deeglan (M. D. or other)
Address New City, Mo Date signed 7/20/47

47-8-703

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 Rob Gordon

Licensed Embalmer No. 1049 OKL

P. O. Address Picher OKL

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.