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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED OCT 2 1947

Registration District No. 286

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 4424

32114
State File No.

Registrar's No.

1. PLACE OF DEATH:

(a) County Polk
(b) City or town Humansville
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Hammit Memorial Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1 day
In this community 4 years
years, months or days) (Specify whether)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Polk 84
(c) City or town Humansville 0
(If outside city or town limits, write "RURAL") 0
(d) Street No. 0
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country.

3. (a) PRINT FULL NAME MARSHALL Diggs

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 Widowed
6. (b) Name of husband or wife Jessie Diggs 6. (c) Age of husband or wife if alive dec. years
7. Birth date of deceased July 14 1858
(Month) (Day) (Year)

8. AGE: Years 89 Months 2 Days 0 If less than one day hr. min.

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

10. Usual occupation Retired Farmer

11. Industry or business _____

MOTHER FATHER { 12. Name Jessie Diggs
13. Birthplace Unknown Va.
(City, town, or county) (State or foreign country)
14. Maiden name Marion Morris
15. Birthplace Montgomery Co. Mo.
(City, town, or county) (State or foreign country)

16. (a) Informant Carly Diggs
(b) Address Humansville, Mo.

17. (a) Burial (b) Date thereof Sept 17-1947
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Humansville Cem.

18. (a) Signature of funeral director H. H. ...
(b) Address Humansville, Mo.

19. (a) Sept. 22, 1947 (b) Miller Kuhnstrick
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept, day 14
year 1947 hour 3 minute 30 P.M.

21. I hereby certify that I attended the deceased from 9-7
1947 to 9-14 1947
that I last saw him alive on 9-14 1947
and that death occurred on the date and hour stated above.

Immediate cause of death Chronic myocarditis

Due to _____

Due to _____

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

Major findings: Of operations _____

Of autopsy _____

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 H. G. Robinson (M. D.)
Address Humansville, Mo. Date signed 9/18/47

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

Date Filed 10-1-47
District No. 9-47-1154
Lic. No. 7
D.C. No. 7

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.....

William J. Brewster, Registered Apprentice No. 472,
working under my personal supervision.

Signed E. H. Pimm

Licensed Embalmer No. 4282

P. O. Address Humaneville, Md.

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.