

No. 2
-12-45
-5-17-39
X47070

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

File No. **9803**
Registrar's No. **18**

FILED APR 8 1948

Registration District No. **291**

Primary Registration District No. **4433**

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

1. PLACE OF DEATH:
 (a) County **Putnam**
 (b) City or town **Unionville**
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution **Monroe Hospital**
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution **one day**
 In this community **life** (Specify whether years, months or days)

3. (a) PRINT FULL NAME **Barbra Jane Pigg**
 3. (b) If veteran, name war **no**
 3. (c) Social Security No. **no**

4. Sex **F** 5. Color or race **W**
 6. (a) Single, widowed, married, divorced **single**
 6. (b) Name of husband or wife
 6. (c) Age of husband or wife if alive **10 12 1947** years (Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
5 11 hr. min.

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

10. Usual occupation:

11. Industry or business:

12. Name **Wilford Pigg**
13. Birthplace **Mo.** (State or foreign country)
14. Maiden name **Wanda Fordyce**
15. Birthplace **Mo.** (State or foreign country)

16. (a) Informant **J. Wilfred Pigg**
 (b) Address **W. Salloch, Mo.**
17. (a) Burial (b) Date thereof **3 24 1948** (Month) (Day) (Year)

(c) Place: burial or cremation **Plainview Cem.**
18. (a) Signature of funeral director **Husted & Son**
 (b) Address **Unionville Mo.**

19. (a) 4-1-48 (b) **Marvell Durbin** (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
 (a) State **Missouri** (b) County **Putnam**
 (c) City or town **Unionville** (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 **March** day **23** year **1948** hour **11:00** minute **A** M.
21. I hereby certify that I attended the deceased from **March 21**, 19**48** to **March 23**, 19**48**
 that I last saw her alive on **Mar 2-3**, 19**48**
 and that death occurred on the date and hour stated above.

Immediate cause of death **Double Lobar pneumonia** Duration **3 days**

Due to
 Due to

Other conditions (include pregnancy within 3 months of death)

Major findings:
 Of operations **108**
 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
 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) Means of injury
23. Signature **Phas L. Field** (M. D. or other) **D.O.**
 Address **Unionville, Mo.** Date signed **3-23-48**

RECEIVED
District Health Officer No. 10
District File Number 4-48-605
Date Filed APR -7 1948

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 F.O. Husler

Licensed Embalmer No. 2976

P. O. Address Unionville N.C.

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.