

No. 2
-12-45
-17-39
K47070

FILED JUL 1 1948
10

Registration District No. 10

Primary Registration District No. 3002

Registrar's No. 95

1. PLACE OF DEATH:

(a) County Audrain

(b) City or town Medico
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
Audrain Co. Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 14 days
(Specify whether years, months or days)

In this community 20 years

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Boone

(c) City or town Hallsville, R.F.D.
(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 _____

3. (a) PRINT FULL NAME William Edmund Pigg

3. (b) If veteran, name war L

3. (c) Social Security No. L

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 21
year 1948 hour 10 minute 45 P.M.

21. I hereby certify that I attended the deceased from June 5
1948 to June 21 1948
that I last saw him live on June 21 1948
and that death occurred on the date and hour stated above.

4. Sex MO. 5. Color or race W

6. (a) Single, widowed, married, divorced M

6. (c) Age of husband or wife if alive 55 years

7. Birth date of deceased 10 MAY - 25 - 1880
(Month) (Day) (Year)

Immediate cause of death Carcinoma of the liver Duration 1 yr.

Due to _____

Due to _____

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

8. AGE: Years Months Days If less than one day

68 0 27 hr. min.

9. Birthplace Boone Co. Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business L

12. Name John W. Pigg

13. Birthplace Boone Co. Missouri
(City, town, or county) (State or foreign country)

14. Maiden name Nevada Cottle

15. Birthplace Boone Co. Missouri
(City, town, or county) (State or foreign country)

PHYSICIAN

Major findings: Of operations H&K

Of autopsy _____

Underline the cause to which death should be charged statistically.

16. (a) Informant Mrs. Minnie Pigg

(b) Address Hallsville, Missouri

17. (a) Burial (b) Date thereof 6/23/48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Friendship Church

18. (a) Signature of funeral director Paul Bellow

(b) Address Centralia, Missouri

19. (a) 6/23/48 (b) Blanche Heely
(Date received local registrar) (Registrar's signature)

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 O

23. Signature L. Ladance (M. D. or other) M.D.
Address Centralia Mo Date signed 6-21-48

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

MOTHER, FATHER

RECEIVED

District Health Officer No. 10

District File Number 6-48-115

Date Filed JUN 30 1940

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..... Paul J. Ballew.....

Licensed Embalmer No. 4206

P. O. Address Centralia, 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.