

National Office of Vital Statistics
 FILED JUL 20 1948

STANDARD CERTIFICATE OF DEATH

State File No. _____

Registration District No. 44826

Primary Registration District No. 3264482

Registrar's No. 35

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

2. USUAL RESIDENCE OF DECEASED:
 (a) State Mo (b) County Scottland
 (c) City or town Memphis
 (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 Aula Agnes Riggs
 3. (b) If veteran, name war _____
 3. (c) Social Security No. _____

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month July day 1
 year 1948 hour 11 minute 30 a.m.
 21. I hereby certify that I attended the deceased from _____, 1948, to 6-29, 1948
 that I last saw her alive on 6-29 and that death occurred on the date and hour stated above.

4. Sex F 5. Color or race W
 6. (a) Single, widowed, married, divorced Married
 6. (b) Name of husband or wife Ova J. Riggs
 6. (c) Age of husband or wife if alive 78 years
 7. Birth date of deceased June 26 1877
 (Month) (Day) (Year)

Immediate cause of death acute myocarditis
 Due to Cancer of descending colon
 Due to _____
 Other conditions (Include pregnancy within 3 months of death) _____

8. AGE: Years 71 Months 5 Days _____ If less than one day _____ hr. _____ min.

9. Birthplace Scottland Co. Mo (City, town, or county) (State or foreign country)
 10. Usual occupation House wife
 11. Industry or business _____
 12. Name James Walker
 13. Birthplace Scottland Co. Mo (City, town, or county) (State or foreign country)
 14. Maiden name Maggie Todd
 15. Birthplace Ill (City, town, or county) (State or foreign country)

Major findings: Of operations 466
 Of autopsy _____
 PHYSICIAN _____
 Underline the cause to which death should be charged statistically.

16. (a) Informant Ova J. Riggs
 (b) Address Memphis
 17. (a) Burial (Burial, cremation, or removal) Central Cemetery (b) Date thereof July 4 48 (Month) (Day) (Year)
 (c) Place: burial or cremation Worth & Backlist
 (e) Signature of funeral director _____ (b) Address Memphis Mo
 19. (a) 7/12/48 (Date received local registrar) (b) Wm. Baker (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? 1
 While at work? _____ (Specify type of place) (e) Means of injury _____
 23. Signature C. M. Browning, D.O. (M. D. or other) D.O.
 Address Memphis, Mo. Date signed 7-6-48

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

RECEIVED

District Health Officer No. 10

District File Number 7-48-125

Date Filed JUL 19 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 Fred Gerth

Licensed Embalmer No. 4256

P. O. Address Memphis

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.