

FILED NOV 15 1948

Registration District No. 71

Primary Registration District No. 3012

State File No. _____

Registrar's No. 148

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

1. PLACE OF DEATH:

(a) County Clay

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

(c) Name of hospital or institution: Mitchell Clinic
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 2 days (Specify whether years, months or days)

3. (a) PRINT FULL NAME CORA LEE RIGGS

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

4. Sex Female / 5. Color or race White

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

6. (b) Name of husband or wife William E. Riggs

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

7. Birth date of deceased May 22, 1871
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>77</u>	<u>5</u>	<u>8</u>	hr. min.

9. Birthplace Ray County, Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business _____

12. Name Thomas Griffey

13. Birthplace Unknown Kentucky
(City, town, or county) (State or foreign country)

14. Maiden name Mary Crowley

15. Birthplace Ray County, Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Shelton Riggs

(b) Address Richmond, Missouri

17. (a) Burial (b) Date thereof Nov. 1, 1948
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Rayville, Missouri

18. (a) Signature of funeral director Thurman Funeral Home

(b) Address 627 E. Main St., Richmond, Missouri

19. (a) 11/1/48 (b) Caroleene Hutchings
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Ray

(c) City or town Richmond "Rural"
(If outside city or town limits, write "RURAL")

(d) Street No. 8 miles NE of Richmond
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)

If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 30th
year 1948 hour 1:15 minute A. M.

21. I hereby certify that I attended the deceased from 10-4-48, 19____, to 10-30-48, 19____;
that I last saw him alive on 10-17-48, 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Occlusion

Due to _____

Due to _____

Other conditions Bronchial Asthma
(Include pregnancy within 3 months of death)

Major findings:
Of operations _____

Of autopsy 9/10

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 1

23. Signature J. J. Cook (M. D. of State)

Address Richmond, Mo. Date signed 11-2-48

Duration 1 hr

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

RECEIVED
District Health Officer No. 8,
District File Number _____
Date Filed 11-12-48

DEC 14 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, W. B. S.
_____, Registered Apprentice No. _____
working under my personal supervision.

Signed William L. Thurman
Licensed Embalmer No. 4563
P. O. Address Richmond, Missouri

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.