No. 2
-1/47
-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 36296

FILED DEC 2 1948

Registration District No. 1948 — Primary Registration District No. 3024 — Registrar's No. 72

1. PLACE OF DEATH:
(a) County: HOWARD
(b) City or town: FAYETTE (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: LEE HOSPITAL (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution: 30 minutes (Specify whether years, months or days)
In this community: 72 yrs 10 mo 7 Days

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County: Howard
(c) City or town: Fayette (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: EDNA WALKER DIGGES
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: SINGLE
6. (b) Name of husband or wife:
6. (c) Age of husband or wife if alive: years
7. Birth date of deceased: JAN (Month) 4 (Day) 1876 (Year)

8. AGE: Years 72 Months 10 Days 7 If less than one day hr. min.

9. Birthplace: GLASGOW (City, town, or county) MO (State or foreign country)
10. Usual occupation: Housekeeping
11. Industry or business: None
MOTHER FATHER
12. Name: WHITE DIGGES
13. Birthplace: FULTON (City, town, or county) MO (State or foreign country)
14. Maiden name: LEAH SHOUSE
15. Birthplace: KENTUCKY (City, town, or county) (State or foreign country)
16. (a) Informant: Mrs. Inez Green
(b) Address: Glasgow Mo
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: NOV 14 1948 (Month) (Day) (Year)
(c) Place: burial or cremation: Glasgow Mo
18. (a) Signature of funeral director: Lindsley Funeral Home
(b) Address: Glasgow Mo
19. (a) 11-20-1948 (Date received local registrar) (b) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month NOV day 11 year 1948 hour 1 minute 25 A.M.
21. I hereby certify that I attended the deceased from 11-10, 1948, to 11-11, 1948; that I last saw b. alive on 11-11, 1948; and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Cerebral Hemorrhage	3 hrs.
Due to: Hypertension	7.
Due to:	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations: NONE
Of autopsy:

PHYSICIAN — Underline the cause of 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
(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? (Specify type of place)
While at work? (e) Means of injury: 0
23. Signature: [illegible] M.D. (M. D. or other)
Address: Glasgow Mo. Date signed 11-12-48

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED
District Health Officer No. 8,
District File Number.....
Date Filed 12-1-48

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 J. Walker Audsley
Licensed Embalmer No. 3336
P. O. Address Glasgow 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.