

FILED OCT 18 1940

Registration District No. _____

Primary Registration District No. 4171

Registrar's No. _____

1. PLACE OF DEATH:

(a) County Dunklin
(b) City or town Hornersville
(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 2
(Specify whether
In this community.
years, months or days)

3. (a) PRINT FULL NAME Nervit Jigg
3. (b) If veteran, name war None
3. (c) Social Security No. 498-10-1445

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced M

6. (b) Name of husband or wife Cora 6. (c) Age of husband or wife if alive 40 years

7. Birth date of deceased June 8 - 1898
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>48</u>	<u>3</u>	<u>13</u>	hr. min.

9. Birthplace Wayne County Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation W. P. A. Laborer

11. Industry or business _____

12. Name Daniel Jigg

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

14. Maiden name Minerva Nelson

15. Birthplace Jenn.
(City, town, or county) (State or foreign country)

16. (a) Informant Cora Jigg

(b) Address Hornersville, Mo.

17. (a) Burial (b) Date thereof 9-24-40
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Coal Springs

18. (a) Signature of funeral director E. M. Brown

(b) Address Hornersville, Mo.

19. (a) 9/24/40 (b) E. J. Cole
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County Dunklin
(c) City or town Hornersville Rural
(If outside city or town limits, write "RURAL")
(d) Street No. 1 mile South
(If rural, give location)
(e) If foreign born, how long in U. S. A. _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 23
year 1940 hour 5:30 minute _____ M.

21. I hereby certify that I attended the deceased, from Sept 22, 1940 to Sept 23, 1940
that I last saw him alive on Sept 22, 1940
and that death occurred on the date and hour stated above.

Immediate cause of death
(1) Parasitica Hematoma
(2) Pulmonary TB

Due to _____

Due to _____

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations _____

Of autopsy _____

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 _____

23. Signature E. J. Cole (M. D. or other) _____

Address Hornersville Date signed 9/24

Duration 15 hr

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

RECEIVED

District Health Officer No. 2

District File Number 1040-153

Date Filed 10/7/40

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.....

Licensed Embalmer No.....

P. O. Address.....

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, above space should be left blank.