

MISSOURI STATE BOARD OF HEALTH  
 STANDARD CERTIFICATE OF DEATH

State File No. **42611**

Primary Registration District No. **3017**

Registrar's No. \_\_\_\_\_

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

1. PLACE OF DEATH: **Grundy**  
 (a) County **Grundy**  
 (b) City or town **TRENTON**  
 (If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution: **Wright Memorial Hosp**  
 (If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether)  
 In this community **3 days in Hospital**  
 years, months or days

2. USUAL RESIDENCE OF DECEASED:  
 (a) State **MISSOURI** (b) County **Grundy**  
 (c) City or town **DUNLAP**  
 (If outside city or town limits, write "RURAL")  
 (d) Street No. \_\_\_\_\_ (If rural, give location)  
 (e) If foreign born, how long in U. S. A. \_\_\_\_\_ years.

3. (a) PRINT FULL NAME **JAMES FRANKLIN RIGGS**  
 3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. **426-12-6061**

MEDICAL CERTIFICATION  
 20. DATE OF DEATH: Month **Nov** day **4<sup>th</sup>** year **1940** hour **5:00** minute **19** M.  
 21. I hereby certify that I attended the deceased from **31 Oct** 19**40** to **Nov 4** 19**40**  
 that I last saw him alive on **Nov 4** 19**40**  
 and that death occurred on the date and hour stated above.

4. Sex **Male** 5. Color or race **white** 6. (a) Single, widowed, married, divorced **Married**  
 6. (b) Name of husband or wife **Helen Mae Riggs** 6. (c) Age of husband or wife if alive **47** years  
 7. Birth date of deceased **Nov 18** 18**93**  
 (Month) (Day) (Year)

Immediate cause of death **Peritonitis following R. Side Scrotal Hernia strangulated.**  
 Due to **Gangrene of Intestines**  
 Due to **Chronic Interstitial nephritis**  
 Other conditions **180**  
 (Include pregnancy within 3 months of death)

8. AGE: Years Months Days If less than one day  
**46 11 16** hr. \_\_\_\_\_ min.

9. Birthplace **DAVIES COUNTY MISSOURI**  
 (City, town, or county) (State or foreign country)  
 10. Usual occupation **MECHANIC**  
 11. Industry or business **GARAGE**  
 12. Name **unknown Riggs**  
 13. Birthplace **unknown**  
 (City, town, or county) (State or foreign country)  
 14. Maiden name **unknown**  
 15. Birthplace \_\_\_\_\_  
 (City, town, or county) (State or foreign country)

PHYSICIAN  
 Major findings: **Peritonitis + Gangrene of Intestine (strangulated R. Side Hernia Scrotal)**  
 Of operations \_\_\_\_\_  
 Of autopsy \_\_\_\_\_  
 Underline the cause to which death should be charged statistically.

16. (a) Informant **James R Riggs**  
 (b) Address **Dunlap Mo**  
 17. (a) **Burial** (b) Date thereof **Nov 40**  
 (Burial, cremation, or removal) (Month) (Day) (Year)  
 (c) Place: burial or cremation **So. of County**  
 18. (a) Signature of funeral director **Raymond A Harris**  
 (b) Address **Trenton Mo**  
 19. (a) **11-4-40** (b) **Drene D Stan**  
 (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?  
**300** (Specify type of place)  
 While at work? \_\_\_\_\_ (e) Means of injury \_\_\_\_\_  
 23. Signature **E. A. Duffey** (M. D. or other)  
 Address **Linton Mo** Date signed **Nov 5, 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.....

*Clifford Obry*

Licensed Embalmer No. *3423*

P. O. Address *Trenton 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.**