

1941 STANDARD CERTIFICATE OF DEATH

State File No. 18547

Registration District No. 615-

Primary Registration District No. 5817

Registrar's No. 4

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

1. PLACE OF DEATH:

(a) County Newton  
(b) City or town Diamond, Missouri  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: None  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_  
(Specify whether  
In this community all his life  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Newton  
(c) City or town Diamond, Mo  
(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.? 0 years.

3. (a) PRINT FULL NAME Nathan Taylor Riggs

3. (b) If veteran, name war None 3. (c) Social Security No. None

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

6. (b) Name of husband or wife Alice Riggs 6. (c) Age of husband or wife if alive 73 years

7. Birth date of deceased June, 18, 1868  
(Month) (Day) (Year)

8. AGE: Years 72 Months 10 Days 28 If less than one day hr. \_\_\_\_\_ min.

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

10. Usual occupation Farmer

11. Industry or business \_\_\_\_\_

12. Name Edward Riggs

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

14. Maiden name Margaret Boyd

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

16. (a) Informant Alice Riggs

(b) Address Diamond, Missouri

17. (a) Removal (b) Date thereof 5-19-1941  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Boyd Cemetery

18. (a) Signature of funeral director \_\_\_\_\_

(b) Address Diamond, Mo

19. (a) 5-19-1941 (b) Mrs. U.S. Chapman  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 16th  
year 1941 hour 8: minute 30 p. M.

21. I hereby certify that I attended the deceased from 3/1/41 19. to 5/17/41 19. that I last saw him alive on 5/1/41 19. and that death occurred on the date and hour stated above.

Immediate cause of death: Coronary thrombosis  
He had cardiac aching  
Due to mitral insufficiency  
Due to Hypertension  
He has been chronically sick for years  
Other conditions Kyphosis  
(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 R. L. Lawrence (M. D. or other) \_\_\_\_\_  
Address Newton Mo Date signed 5-16-1941

RECEIVED

District Health Officer No. 6,  
District File No. 641-863  
Date Filed JUN 5 1941

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. 820

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.