

1. PLACE OF DEATH:

(a) County Stoddard

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

(c) Name of hospital or institution: 1
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____ (Specify whether _____)

In this community _____ years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Stoddard

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

(d) Street No. _____ (If rural, give location) 1

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

If yes, name country _____

3. (a) PRINT FULL NAME ROSA BARTON PIGG

3. (b) If veteran, name war ✓

3. (c) Social Security No. ✓

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 15 year 1941 hour 13 minute 10 P. M.

21. I hereby certify that I attended the deceased from Apr 20 1941 to May 15 1941.

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

6. (b) Name of husband or wife W. J. Pigg 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased: June (Month) 6 (Day) 1873 (Year)

that I last saw her alive on May 15 1941 and that death occurred on the date and hour stated above.

Immediate cause of death Stenoplegic

8. AGE: Years 67 Months 11 Days 9 If less than one day hr. _____ min. _____

Due to Malnutrition

Due to Hypertension

9. Birthplace Posey County (City, town, or county) 1 Ind. (State or foreign country)

Other conditions (Include pregnancy within 3 months of death) ✓

Major findings: Of operations NO

Of autopsy NO

10. Usual occupation Retired

11. Industry or business _____

12. Name Francis M. Throne

13. Birthplace 1 Ind. (City, town, or county) (State or foreign country)

14. Maiden name Harriet Ruth

15. Birthplace 1 Ind. (City, town, or county) (State or foreign country)

16. (a) Informant William Barton

(b) Address Center Mo

17. (a) Burial (b) Date thereof (Month) (Day) (Year)

(c) Place: burial or cremation Center Mo

18. (a) Signature of funeral director Stoddard

(b) Address Center Mo

19. (a) 6/13 1941 (b) Jennie Barton (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? ✓

While at work? 755 (Specify type of place) (e) Means of injury ✓

23. Signature J.P. Creedon (M.D. or other) Address Center Mo Date signed 5-30-41

Duration Apr 20 - May 15 1941

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

82 H

RECEIVED

District Health Officer No. 2,

District File Number 741-969

Date Filed 7/18/41

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. E. Heath

Licensed Embalmer No. 3479

P. O. Address.....
Upper, Md.

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.