

No. 2  
1-10-39  
-17-39  
X21492

FILED AUG 8 1941

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

24626

State File No. \_\_\_\_\_

Registration District No. 89

Primary Registration District No. 3007

Registrar's No. 291

2  
7  
3  
WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

**1. PLACE OF DEATH:**  
 (a) County. Butler  
 (b) City or town. Poplar Bluff  
(If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution:  
216 Almond  
(If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution \_\_\_\_\_  
(Specify whether  
 In this community. Life (Specify whether  
 years, months or days)

8. (a) PRINT FULL NAME (Baby) Pigg  
 8. (b) If veteran, name war \_\_\_\_\_  
 8. (c) Social Security No. \_\_\_\_\_

4. Sex Male 0  
 5. Color or race W  
 6. (a) Single, widowed, married, divorced SINGLE 0  
 6. (b) Name of husband or wife \_\_\_\_\_  
 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
 7. Birth date of deceased July 24 1941  
(Month) (Day) (Year)

8. AGE: Years \_\_\_\_\_ Months \_\_\_\_\_ Days \_\_\_\_\_  
 If less than one day 2 hr. \_\_\_\_\_ min.

9. Birthplace Poplar Bluff Mo. 0  
(City, town, or county) (State or foreign country)

10. Usual occupation Infant

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

MOTHER FATHER  
 12. Name Mountain Pigg  
 13. Birthplace Unknown 9  
(City, town, or county) (State or foreign country)  
 14. Maiden name Iva Underwood  
 15. Birthplace Arkansas 1  
(City, town, or county) (State or foreign country)

16. (a) Informant P.E. Crawford  
 (b) Address Corning, Arkansas

17. (a) Burial (b) Date thereof July 26 1941  
(Burial, cremation, or removal) (Month) (Day) (Year)  
 (c) Place: burial or cremation Weakley Cemetery

18. (a) Signature of funeral director none

(b) Address \_\_\_\_\_

19. (a) 7/26/41 (b) Kate Lutz  
(Date received local registrar) (Registrar's signature)

**2. USUAL RESIDENCE OF DECEASED:** 012  
 (a) State Missouri (b) County Butler 7  
 (c) City or town Poplar Bluff 3  
(If outside city or town limits, write "RURAL")  
 (d) Street No. 216 Almond  
(If rural, give location)  
 (e) If foreign born, how long in U. S. A.? \_\_\_\_\_ years. 0

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 25  
 year 1941 hour 1 minute \_\_\_\_\_ A. M.

21. I hereby certify that I attended the deceased from 7-24-1941 to 7-25-1941  
 that I last saw him alive on 7-24-1941  
 and that death occurred on the date and hour stated above.

Immediate cause of death Premature Birth (Cause Unknown)

Due to \_\_\_\_\_  
 Due to \_\_\_\_\_ 154

Other conditions (Include pregnancy within 3 months of death)

Major findings: \_\_\_\_\_  
 Of operations \_\_\_\_\_  
 Of autopsy \_\_\_\_\_

Duration \_\_\_\_\_  
 PHYSICIAN \_\_\_\_\_  
 Underline the cause to 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? \_\_\_\_\_

While at work? \_\_\_\_\_  
(Specify type of place) (e) Means of injury.

23. Signature Stollay M.D. (M. D. or other) 0  
 Address Poplar Bluff Date signed 7/26/41

810

RECEIVED

District Health Officer No.

District File Number 871-10

Date Filed 8-6-41

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 \_\_\_\_\_

*Not Embalmed*

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.