S. No. 2
(—1-4-41
. 5-17-39
PI X26390

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILLED NOV 13 1941

Registration District No. 5

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 34255

Primary Registration District No. 5089

Registrar's No. 71

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

1. PLACE OF DEATH
(a) County BATES
(b) City or town RT2-BUTLER-SHAWNEE TWP
(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 ..... (Specify whether years, months or days)
In this community L17E

2. USUAL RESIDENCE OF DECEASED:
(a) State MO (b) County BATES
(c) City or town RT2-BUTLER- (If outside city or town limits, write "RURAL")
(d) Street No. SHAWNEE TWP- (If rural, give location)
(e) Citizen of foreign country? ..... (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME JOHN NIGGLEY
3. (b) If veteran, name war X
3. (c) Social Security No. X

4. Sex M
5. Color or race W
6. (a) Single, widowed, married, divorced M
6. (b) Name of husband or wife EMMA PETERS
6. (c) Age of husband or wife if alive 66 years
7. Birth date of deceased SEPT- (Month) 17 (Day) - 1871 (Year)

8. AGE: Years 70 Months 1 Days 14 If less than one day ..... hr. ..... min.

9. Birthplace LITTLE ROCK (City, town, or county) ARKANSAS (State or foreign country)
10. Usual occupation FARMER-
11. Industry or business
12. FATHER Name PETER NIGGLEY
13. FATHER Birthplace GERMANY (City, town, or county) (State or foreign country)
14. MOTHER Maiden name MARGARET
15. MOTHER Birthplace GERMANY (City, town, or county) (State or foreign country)
16. (a) Informant Chas. Niggley
(b) Address BUTLER RT 2 MO
17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof NOV-2-41 (Month) (Day) (Year)
(c) Place: burial or cremation OAKHILL
18. (a) Signature of funeral director Boothe Funeral Home
(b) Address Butler Mo
19. (a) Nov. 2. 1941 (Date received local registrar) (b) Nina L Culver (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month OCT day 31ST- year 1941 hour 1 minute 20 P.M.
21. I hereby certify that I attended the deceased from Oct. 28, 1941, to Oct. 29, 1941, that I last saw him alive on Oct. 29, 1941, and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Duodenal ulcer, perforation - shock	
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations 117b'
Of autopsy

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

23. Signature E. E. Robinson (M. D. or other)
Address Adrian, Mo. Date signed 11-1-41

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 7,
District File Number 11-41-1909
Date Filed 11-14-41

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 John G Underwood

Licensed Embalmer No. 3585

P. O. Address Butler Me

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.