

FILED MAR 23 1942 259

Registration District No. _____

Primary Registration District No. 259 4158

Registrar's No. 6

1. PLACE OF DEATH:

(a) County DeKalb
(b) City or town Maysville
(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
In this community _____
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County DeKalb
(c) City or town Maysville
(d) Street No. _____
(e) If foreign born, how long in U. S. A. ? _____ years

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 14
year 1942 hour 10 minute 20 A.M.

21. I hereby certify that I attended the deceased from March 9 1942 to March 14 1942
that I last saw him alive on March 13 1942
and that death occurred on the date and hour stated above.

Immediate cause of death Hemiplegia, Right
sickle

Due to _____
Due to _____

Other conditions _____
(include pregnancy within 3 months of death)

Major findings: Of operations 83d
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? _____
(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 O. Perkins (M. D. physician)
Address Clarkedale Mo. Date signed _____

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

8. (a) PRINT FULL NAME Ben Franklin Rigley
3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex Male 6 5. Color or race white 6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased April 2 1862
(Month) (Day) (Year)

8. AGE: Years 79 Months 11 Days 12
If less than one day _____ hr. _____ min.

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

10. Usual occupation Retired Farmer

11. Industry or business _____

MOTHER FATHER { 12. Name Unknown 9
13. Birthplace " " 9
14. Maiden name Unknown 9
15. Birthplace " " 9

16. (a) Informant Files, Old Age Assistance
(b) Address Maysville, DeKalb County

17. (a) Burial (b) Date thereof 3-15-42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Osborn Mo.

18. (a) Signature of funeral director Pilcher Funeral Home
(b) Address Maysville Missouri

19. (a) 3/15-42 (b) O. Perkins
(Date received local registrar) (Registrar's signature)

1248

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.....

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.