V. S. No. 2
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Rev. 5-17-39
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

18274

State File No.

FILED MAY 27 1943

Registration District No. 5

Primary Registration District No. 3036

Registrar's No. 54

1. PLACE OF DEATH:

(a) County Lawrence

(b) City or town Aurora, Mo.
(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

2. USUAL RESIDENCE OF DECEASED: 55

(a) State Missouri (b) County Lawrence

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

(d) Street No. 129 West Church St
(If rural, give location)

(e) Citizen of foreign country? (Yes or No) 0

If yes, name country

3. (a) PRINT FULL NAME Nora Riggs

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex Female

5. Color or race White

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife ClesbyF Riggs

(c) Age of husband or wife if alive 66 Yrs years

7. Birth date of deceased Oct. 15, 1884 (Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
58	5	24	hr. min.

9. Birthplace Bellefonte (City, town, or county) 0 (State or foreign country)

10. Usual occupation Housewife

11. Industry or business

MOTHER FATHER

12. Name Wright Barnett

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

14. Maiden name Clarissia Friend

15. Birthplace Missouri. (City, town, or county) 0 (State or foreign country)

16. (a) Informant C.F. Riggs.

(b) Address 129 W. Church

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof April, 12, 1943 (Month) (Day) (Year)

(c) Place: burial or cremation Maple Park Cemetery

18. (a) Signature of funeral director Cesar Le Marsh

(b) Address 229 W. Church, Aurora, Mo.

19. (a) April 11 1942 (Date received local registrar) (b) Eunice Greenly (Registrar's signature) a.m.

1156 (Licensed Embalmer's Statement on Reverse Side)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 9 year 1943 hour 3 minute P M.

21. I hereby certify that I attended the deceased from Feb 20 1943 to April 9 1943 that I last saw h. or alive on April 9 1943 and that death occurred on the date and hour stated above.

Immediate cause of death Cirrhosis of Liver — Duration Dont Know

Due to

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

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

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 0

23. Signature W.F. Herron (M. D. or other)

Address Aurora, Mo Date signed April 9

RECEIVED
District Health Officer No. 6,
District File Number 543-674
Date Filed MAY 26 1943

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: Myself, Registered Apprentice No. ....., working under my personal supervision.

Signed Oscar L. Marsh

Licensed Embalmer No. 3872

P. O. Address Aurora Mo

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.