

FILED DEC 20 1943

Registration District No. 7

Primary Registration District No. 3000

Registrar's No. 301

1. PLACE OF DEATH:

(a) County Adair

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

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

(d) Length of stay: In hospital or institution 5 days
(Specify whether in this community... 31 years years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Adair

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

(d) Street No. 804 E. Harrison
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME James Harvey Righter

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 3 year 1943 hour 6 minute 45 P.M.

4. Sex Male 5. Color or Race White

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

6. (b) Name of husband or wife Effie Righter 6. (c) Age of husband or wife if alive 69 years

7. Birth date of deceased November 16, 1861
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Jan 1930 to Dec 3 1943 that I last saw him alive on Dec 3 1943 and that death occurred on the date and hour stated above.

Immediate cause of death: Chronic Nephritis Duration 5 yrs

8. AGE: Years Months Days If less than one day

82 00 19 hr. _____ min.

Due to _____

Due to _____

9. Birthplace Cynthiana Ky.
(City, town, or county) (State or foreign country)

Other conditions (Include pregnancy within 3 months of death)

10. Usual occupation Retail Grocer

Major findings: Of operations _____

11. Industry or business Food Distribution

Of autopsy _____

12. Name Henry J. Righter

13. Birthplace Cynthiana Ky.
(City, town, or county) (State or foreign country)

14. Maiden name Mary Elizabeth McNeese

15. Birthplace DK Ky.
(City, town, or county) (State or foreign country)

16. (a) Informant Archie L. Garrison

(b) Address Nowinger, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 12/6/43
(Month) (Day) (Year)

(c) Place: burial or cremation Vandalia, Mo.

18. (a) Signature of funeral director Archie L. Garrison

(b) Address Kirksville, Mo.

19. (a) 12/6/43 (Date received by local registrar) (b) Mr. J. P. Waynes (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? _____ (Specify type of place)

(e) Means of injury _____

Signature Archie L. Garrison (M. D. or other) _____
Address Nowinger, Mo. Date signed 12-6-43

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

RECEIVED

District Health Office No. 10

District File Number 13-43-2055

Date Filed DEC 18 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.....
....., Registered Apprentice No.....
working under my personal supervision.

Signed..... A. J. Pivok.....
Licensed Embalmer No. 1407.....
P. O. Address..... Putnamville, 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.