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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED FEB 1 1944

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 3179

Registration District No. 156 Primary Registration District No. 2001 Registrar's No. 3

1. PLACE OF DEATH:
(a) County Jasper
(b) City or town Joplin
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: St. John's Hospital 0
(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 40 years

2. USUAL RESIDENCE OF DECEASED: 49
(a) State Missouri (b) County Jasper
(c) City or town Joplin
(If outside city or town limits, write "RURAL")
(d) Street No. 518 Broadway
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME Alice Riggs Fleming
3. (b) If veteran, name war
3. (c) Social Security No. None
4. Sex Female
5. Color or race Black
6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife Edward
6. (c) Age of husband or wife if alive deceased years
7. Birth date of deceased June 22, 1867 (Month) (Day) (Year)

8. AGE: Years 76 Months 6 Days 10 If less than one day hr. min.

9. Birthplace Nashville (City, town, or county) Tennessee (State or foreign country)
10. Usual occupation Housewife
11. Industry or business
FATHER 12. Name Tom Riggs
13. Birthplace Tennessee (City, town, or county) (State or foreign country)
MOTHER 14. Maiden name Nancy
15. Birthplace Tennessee (City, town, or county) (State or foreign country)
16. (a) Informant Mrs Billy McPherson
(b) Address 519 Broadway Joplin, Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 1-6-44 (Month) (Day) (Year)
(c) Place: burial or cremation Fairview Cem.
18. (a) Signature of funeral director Hurlbut Und. Co.
(b) Address Joplin, Missouri
19. (a) 1-5-44 (Date received local registrar) (b) [signature] (Registrar's signature)

1204

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 1 year 1944 hour 7:55 A. M. minute M.
21. I hereby certify that I attended the deceased from 12-19 1943 to 1-1- 1944 that I last saw him alive on 1-1 1944 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Cerebral hemorrhage	2 hrs
Due to: Chr Myocarditis	several yrs
Due to:	
Other conditions (Include pregnancy within 3 months of death) 93	
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
(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 0
23. Signature [signature] (M. D. or other) MD
Address Joplin Date signed 1/3/44

(Licensed Embalmer's Statement on Reverse Side)

44-1-7

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. 95-9

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, fact should be so stated above.