

FILED APR 15 1944

Registration District No. 1749Primary Registration District No. 1002Registrar's No. 1529

1. PLACE OF DEATH:

(a) County Jackson
 (b) City or town Kansas City
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
1302 Cleveland
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____
(Specify whether
 In this community, 23 years
years, months or days)

3. (a) PRINT FULL NAME Robert W. Riggs

3. (b) If veteran, name war No
 3. (c) Social Security number 486-05-25884

4. Sex Male
 5. Color or race White
 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Pearl Riggs
 6. (c) Age of husband or wife if alive 39 years

7. Birth date of deceased Oct 16th, 1891
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
<u>52</u>	<u>5</u>	<u>18</u>		hr. _____ min.

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

10. Usual occupation Laborer11. Industry or business Ford Motor Company12. Name Wesley Riggs

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

14. Maiden name Belle Boyd

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

16. (a) Informant Mrs Pearl Riggs(b) Address 1302 Cleveland

17. (a) Burial
(Burial, cremation, or removal) (b) Date thereof 4/6/44
(Month) (Day) (Year)

(c) Place: burial or cremation Neosho Mo.18. (a) Signature of funeral director Earp Funeral Home(b) Address 4139 East 15th, St.

19. (a) 4-6-44
(Date received local registrar) (b) N. C. Brown
(Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson
 (c) City or town Kansas City
(If outside city or town limits, write "RURAL")
 (d) Street No. 1302 Cleveland
(If rural, give location)
 (e) Citizen of foreign country? No (Yes or No)
 If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 4th,
 year 1944 hour 11 minute 15 P.M.

21. I hereby certify that I attended the deceased from March 15, 1944 to April 4, 1944
 that I last saw him alive on April 4, 1944
 and that death occurred on the date and hour stated above.

Immediate cause of death Myocarditis (Hypertension) 2 yrs?
Local Infection
 Duration _____

Due to _____

Due to _____

Other conditions Interstitial nephritis
(Include pregnancy within 3 months of death)
La Grippe

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?

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

23. Signature Harry H. Dugay (M. D. or other)
 Address 1401 Prospect Date signed 4-5-44

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.....

.....
working under my personal supervision.

Registered Apprentice No.

Signed.....

Licensed Embalmer No. *2455*

P. O. Address *A.C. 710*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.