

No. 2
-5-43
-5-17-39
I X36671

FILED APR 6 1946
Registration District No. 246

Primary Registration District No. 3126

1. PLACE OF DEATH:

(a) County Jackson

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

(c) Name of hospital or institution:
1206 North Osage
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____ (Specify whether _____)
In this community Twenty seven yrs.
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Jackson

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

(d) Street No. 1206 North Osage
(If rural, give location)

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

3. (a) PRINT FULL NAME Mary Amanda Rigg

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

4. Sex Female 5. Color or race White

6. (a) Name of husband or wife David R. Rigg 6. (a) Single, widowed, married, divorced, Widow

7. Birth date of deceased December 31 1878
(Month) (Day) (Year)

8. AGE: Years 97 Months 2 Days 1
If less than one day _____ hr. _____ min.

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

10. Usual occupation Housewife

11. Industry or business _____

12. Name Jonathan Laughlin

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

14. Maiden name Flora Jane Newman

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

16. (a) Informant Mrs. G. W. Bettan

(b) Address Napoleon Mo.

17. (a) Burial _____ (b) Date thereof 3-3-46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Greenwood near Odessa

18. (a) Signature of funeral director Ott & Mitchell

(b) Address 310 N Main, Indpls Mo.

19. (a) 3/1/46 (b) James Craig
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 1
year 1946 hour 1 minute 30 a M.

21. I hereby certify that I attended the deceased from January 26 1946, to February 28 1946
that I last saw her alive on February 28 1946
and that death occurred on the date and hour stated above.

Immediate cause of death Braun's Pneumonia Duration 48 hrs

Due to _____

Due to _____

Other conditions Pneumococcus Pneumonia
(Include pregnancy within 3 months of death)

Major findings: Of operations no operation

Of autopsy no 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 W. H. Allen M. D. or other _____
Address Independence Mo Date signed 3-1-46

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

MOTHER FATHER

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 me

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

Signed Henry J. Mitchell

Licensed Embalmer No. 3975

P. O. Address Indep. Me.

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.