

Registration District No. **99** Primary Registration District No. **298**

1. PLACE OF DEATH:  
 (a) County **DeKalb**  
 (b) City or town **Union Star, Mo. (RUR)**  
 (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)  
 In this community **41 years** years, months or days

2. USUAL RESIDENCE OF DECEASED:  
 (a) State **Mo.** (b) County **DeKalb**  
 (c) City or town **Union Star, Mo.** (If outside city or town limits, write "RURAL")  
 (d) Street No. \_\_\_\_\_ (If rural, give location)  
 (e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
 If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME **Emma E. Riggs**  
 3. (b) If veteran, name war \_\_\_\_\_ No. \_\_\_\_\_ (c) Social Security No. \_\_\_\_\_  
 4. Sex **F** / 5. Color or race **W** 6. (a) Single, widowed, married, divorced **widowed**  
 6. (b) Name of husband or wife **S. Riggs** 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
 7. Birth date of deceased **Dec. 1, 1861** (Month) (Day) (Year)

MEDICAL CERTIFICATION  
 20. DATE OF DEATH: Month **May** day **7** year **1946** hour \_\_\_\_\_ minute \_\_\_\_\_ M.  
 21. I hereby certify that I attended the deceased from **May 7, 1946** to **May 7, 1946**  
 that I last saw **her** alive on **May 7, 1946** and that death occurred on the date and hour stated above.  
 Immediate cause of death **Heart Block**

8. AGE:	Years	Months	Days	If less than one day
	<b>84</b>	<b>5</b>	<b>6</b>	hr. _____ min. _____

Duration **1 hr**  
 Due to \_\_\_\_\_  
 Due to \_\_\_\_\_  
 Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_  
 Major findings: Of operations \_\_\_\_\_  
 Of autopsy **950**

9. Birthplace \_\_\_\_\_ (City, town, or county) \_\_\_\_\_ (State or foreign country)  
 10. Usual occupation **Nurse**

PHYSICIAN \_\_\_\_\_  
 Underline the cause to which death should be charged statistically.

11. Industry or business \_\_\_\_\_  
 12. Name **Robert C. Brown**  
 13. Birthplace **Unknown** (City, town, or county) (State or foreign country)  
 14. Maiden name **Sarah E. Drake**  
 15. Birthplace **New Jersey** (City, town, or county) (State or foreign country)

16. (a) Informant **Mrs. Elvety Simms**  
 (b) Address **Union Star, Mo.**  
 17. (a) **Burial** (Burial, cremation, or removal) (b) Date thereof **May 9, 1946** (Month) (Day) (Year)  
 (c) Place: burial or cremation **Union Star, Mo.**

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? \_\_\_\_\_

18. (a) Signature of funeral director **Lucile M. Wilson**  
 (b) Address **King City, Mo.**  
 19. (a) **June 15, 1946** (Date received local registrar) (b) **Robert C. Brown** (Registrar's signature)

23. Signature **E. M. Reynolds** (M. D. or other) \_\_\_\_\_  
 Address **Union Star, Mo.** Date signed **5-8-46**

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

22030

**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.....

*Lucile M. Wilson*

Licensed Embalmer No. *2830*

P. O. Address *King City, 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.**