

S. No. 2  
00M-5-13-  
Rev. 5-17-39  
I X38671

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **9319**  
Registrar's No. **1518**

FILED APR 14 1947

Primary Registration District No. **1802**

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

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: **St. Joseph Hospital**  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution **since 3-18-47**  
(Specify whether years, months or days)

In this community **22 years**

3. (a) PRINT FULL NAME **Mrs. <sup>Chora</sup> ~~Blaine~~ Pigg**

3. (b) If veteran, name war **no.**

3. (c) Social Security No. **486-07-2566**

4. Sex **female**

5. Color or race **white**

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

6. (b) Name of husband or wife **Robert L. Pigg**

6. (c) Age of husband or wife if alive **33** years

7. Birth date of deceased **July 24 1917**  
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<b>29</b>	<b>8</b>	<b>7</b>	hr. _____ min. _____

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

10. Usual occupation **Housewife**

11. Industry or business \_\_\_\_\_

MOTHER FATHER

12. Name **William Bolivar Oliver**

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

14. Maiden name **Ethel Dumban**

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

16. (a) Informant **Robert L. Pigg,**

(b) Address **1222 Prospect, Kansas City, Mo.**

17. (a) **burial** (Burial, cremation, or removal) (b) Date thereof **4-2-47**  
(Month) (Day) (Year)

(c) Place: burial or cremation **Arrick mo.**

18. (a) Signature of funeral director **Stine & McClure,**

(b) Address **3235 Gillham Plaza, K. C., Mo.**

19. (a) **4-1-47** (Date received local registrar)

(b) **Geraldine Holmes** (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. **1222 Prospect,**  
(If rural, give location)

(e) Citizen of foreign country? **no.** (Yes or No)

If yes, name country **X**

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **March** day **31** year **1947** hour **11:00** minute **0** M.

21. I hereby certify that I attended the deceased from **July 1946** to **3-31 1947**

that I last saw him **W** alive on **3-31 1947** and that death occurred on the date and hour stated above.

Immediate cause of death **Coronary failure**

Due to **myocardial stenosis** years \_\_\_\_\_

Due to **Rheumatic fever** years \_\_\_\_\_

Other conditions **Post Coronary Arterial** 3 days  
(Include pregnancy within 3 months of death)

Major findings: **9 mos.**

Of operations **149. lbs**

Of autopsy **metral heart disease grossly op. stomach**

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 **Arthur J. ...** (M. D. or other) **Dr.**

Address **4711 Central St. (P)** Date signed **4-1-47**

Duration **7 1/2 hrs**

PHYSICIAN \_\_\_\_\_

Underline the cause to which death should be charged statistically.

1  
Dr. A. B. Sinclair

4911 Central

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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 Robert H Reed

Licensed Embalmer No. 2745

P. O. Address N.C. 740

**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.