

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

**1. PLACE OF DEATH:**  
 (a) County Platte  
 (b) City or town Weston  
(If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution: no  
(If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution no  
13 years (Specify whether)  
 In this community \_\_\_\_\_  
years, months or days

**3. (a) PRINT FULL NAME** Ada Pigman Stephens

3. (b) If veteran, name war XX  
 3. (c) Social Security No. XX

4. Sex female  
 5. Color or race white  
 6. (a) Single, widowed, married, divorced divorce

6. (b) Name of husband or wife XX  
 6. (c) Age of husband or wife if alive XX years

7. Birth date of deceased: Oct. 30 1903  
(Month) (Day) (Year)

8. AGE: Years 45 Months 4 Days 12  
If less than one day  
 \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace: unknown Kentucky  
(City, town, or county) (State or foreign country)

10. Usual occupation housewife

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

MOTHER { 12. Name Jess. E. Pigman  
 13. Birthplace unknown Kentucky  
(City, town, or county) (State or foreign country)

14. Maiden name Margaret Pigman  
 15. Birthplace unknown Kentucky  
(City, town, or county) (State or foreign country)

16. (a) Informant Bert Stephens  
 (b) Address Weston, Missouri

17. (a) Burial (b) Date thereof Mar. 15-47  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Graceland Cemetery

18. (a) Signature of funeral director Vaughn Funeral Home  
 (b) Address Weston, Missouri

19. (a) Mar. 24-47 (b) Mr. B. P. Rollin  
(Date received local registrar) (Registrar's signature)

**2. USUAL RESIDENCE OF DECEASED:**  
 (a) State Missouri (b) County Platte 83  
 (c) City or town Weston 1  
(If outside city or town limits, write "RURAL")  
 (d) Street No. \_\_\_\_\_  
(If rural, give location) 0  
 (e) Citizen of foreign country? no 0  
(Yes or No)  
 If yes, name country \_\_\_\_\_

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month March day 14  
 year 1947 hour \_\_\_\_\_ minute \_\_\_\_\_ M.

21. I hereby certify that I attended the deceased from  
March 10 1947 to March 14, 19 1947;  
 that I last saw her alive on March 13, 1947 19\_\_\_\_;  
 and that death occurred on the date and hour stated above.

Immediate cause of death \_\_\_\_\_  
Pul. Tuberculosis  
 Due to \_\_\_\_\_  
Chr. Mytral stenosis  
 Due to \_\_\_\_\_

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Major findings: 123  
 Of operations \_\_\_\_\_  
 Of autopsy none

Duration

?

?

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? 2

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

23. Signature R. J. Rollin D.O.  
 Address Weston, Mo Date signed 3/15/47

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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 W. R. Daugh  
Licensed Embalmer No. 4023  
P. O. Address Weston, 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.**