

FILED SEP 10 1947

State File No. 30046

Registration District No. 324

Primary Registration District No. 6093

Registrar's No. 170

1. PLACE OF DEATH:

(a) County Saline
(b) City or town Marshall, Mo
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Mo. State School 2
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 20 mos 8 m 11 da
In this community Mo State School Marshall Mo
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Reynolds Co.
(c) City or town Lesterville, Mo
(If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Alma Emma Pigg

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

4. Sex Fe 5. Color or race W 6. (a) Single, widowed, married, divorced _____

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if

7. Birth date of deceased Nov 28 - 1918
(Month) (Day) (Year)

8. AGE: Years 29 Months 8 Days 11 If less than one day _____ hr. _____ min

9. Birthplace Bonne Terre, Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation Patient

11. Industry or business _____

MOTHER FATHER {
12. Name Henry Beams Pigg
13. Birthplace Bonne Terre Mo.
(City, town, or county) (State or foreign country)
14. Maiden name Anna Elizabeth Dotto
15. Birthplace Bonne Terre Mo.
(City, town, or county) (State or foreign country)

16. (a) Informant Records
(b) Address Mo State School, Marshall

17. (a) Burial (b) Date thereof 8-18-1947
(Burial, cremation, or reburial) (Month) (Day) (Year)
(c) Place: burial or cremation Marshall Mo

18. (a) Signature of funeral director Harry Herschberger
(b) Address Marshall Mo

19. (a) Aug 15-1947 (b) Sidney S Gray
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug day 11
year 1947 hour 3 minute 00 P. M.

21. I hereby certify that I attended the deceased from _____, 1947 to _____, 1947

that I last saw her alive on _____, 1947, and that death occurred on the date and hour stated above.

Immediate cause of death Myocarditis
shot
Epilepsy

Other conditions (Include pregnancy within 3 months of death) _____

Major findings: Of operations 93E
Of autopsy _____

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 X.S. James, M.D. (M. D. or other)
Address Marshall Mo. Date signed 8/11/47

Duration _____
PHYSICIAN _____
Underline the cause to which death should be charged statistically.

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

RECEIVED

District Health Officer No. 8,

District File Number _____

Date Filed 9-9-47

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 Harry Hershberger
Licensed Embalmer No. 4357
P. O. Address Marshall 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.