No. 2
1-10-39
-17-39
X21492

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED OCT 13 1941

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 32456

Registration District No. 795 Primary Registration District No. 6020 Registrar's No. 66

1. PLACE OF DEATH:
(a) County St. Francois
(b) City or town Bonne Terre, Mo. R.F.D. No. 1
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Home
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether years, months or days)
In this community 1

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County St. Francois 094 0 0
(c) City or town Bonne Terre, Mo. R.F.D. No. 1
(If outside city or town limits write "RURAL")
(d) Street No. R.F.D. No. 1, Bonne Terre, Mo.
(If rural, give location)
(e) If foreign born, how long in U. S. A.? 0 years.

3. (a) PRINT FULL NAME Mr. R.W. Pigg
3. (b) If veteran, name war
3. (c) Social Security No.

4. Sex Male 0
5. Color or race White
6. (a) Single, widowed, married, divorced Married 1
6. (b) Name of husband or wife Mrs. Elsie Pigg
6. (c) Age of husband or wife if alive years
7. Birth date of deceased Sept. (Month) 18 (Day) 1877. (Year)

8. AGE: Years 64 Months Days 7. If less than one day hr. min.

9. Birthplace Bonne Terre, Mo. R.F.D. No. 1 (City, town, or county) 0 (State or foreign country)
10. Usual occupation Farming
11. Industry or business

FATHER
12. Name Mr. Jeff Pigg
13. Birthplace St. Genevieve Co. (City, town, or county) 0 (State or foreign country)

MOTHER
14. Maiden name Mrs. Alice Turley Pigg
15. Birthplace St. Francois Co., near Big River (City, town, or county) 0 (State or foreign country)

16. (a) Informant Mrs. Elsie Pigg (wife)
(b) Address Bonne Terre, Mo. R.F.D. No. 1.
17. (a) Burial. (Burial, cremation, or removal) (b) Date thereof Sept. 28-1941 (Month) (Day) (Year)
(c) Place: burial or cremation Aulstown-R. 4-Farmington
18. (a) Signature of funeral director Alvin W. Hood.
(b) Address Flat River, Mo.
19. (a) Oct. 2 1941 (Date received local registrar) (b) W W Hawkins (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 9 day 25
year 41 hour 7.24 p.m. minute M.
21. I hereby certify that I attended the deceased from Jan. 11, 1941, to Sept. 25, 1941; that I last saw h in alive on Sept 25, 1941; and that death occurred on the on the date and hour stated above.

	Duration
Immediate cause of death: Apoplexy. Femoral arterial Sclerosis	
Due to: Chronic Interstitial Nephritis	
Due to: Blood pressure 250 Systolic	
Other conditions (Includes pregnancy within 3 months of death)	

Major findings:
Of operations
Of 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? (Specify type of place)
While at work? (e) Means of injury

23. Signature R. Appleton (M. D. or other) U
Address Farmington, Mo Date signed 9/26/41

(Licensed Embalmer's Statement on Reverse Side)

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 Alvin W. Hood.

Licensed Embalmer No. 2780.

P. O. Address Flat River, 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, above space should be left blank.

No. 2B
-8-21-41
29268

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 32456

Registration District No. 775 Primary Registration District No. 6020 Registrar's No.

1. PLACE OF DEATH:
(a) County St Francois
(b) City or town Rural
(If outside city or town limits, write "RURAL" and name of township)
(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 years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State (b) County
(c) City or town
(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 Mrs. R. W. Pigg
3. (b) If veteran, name war (c) Social Security No.

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

6. (b) Name of husband or wife Mrs. Elsie Pigg | 6. (c) Age of husband or wife if alive 63 years

7. Birth date of deceased Sept (Month) 18 (Day) 1877 (Year)

8. AGE: Years 64 | Months | Days | If less than one day hr. min.

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

10. Usual occupation

11. Industry or business

MOTHER FATHER
12. Name
13. Birthplace (City, town, or county) (State or foreign country)
14. Maiden name
15. Birthplace (City, town, or county) (State or foreign country)

16. (a) Informant
(b) Address

17. (a) (Burial, cremation, or removal) (b) Date thereof (Month) (Day) (Year)
(c) Place: burial or cremation

18. (a) Signature of funeral director
(b) Address

19. (a) Nov. 17 1941 (Date received by local registrar) (b) N. W. Hawkins (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 9 day
year 1941 hour minute M.

21. I hereby certify that I attended the deceased from 19 to 19;
that I last saw her alive on 19;
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death	
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations
Of 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?
(Specify type of place)
While at work? (e) Means of injury

23. Signature (M. D. or other)
Address Date signed

SUPPLEMENTARY

B2456