DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAR 11 1940

Registration District No. 399 h

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1002

State File No. 5561

Registrar's No. 786

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: General Hospital No. 2 (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 2-16-40-2-17-40 (Specify whether years, months or days)

In this community: Unk.

2. USUAL RESIDENCE OF DECEASED:

(a) State: Mo (b) County: Jackson

(c) City or town: Kansas City (If outside city or town limits, write "RURAL")

(d) Street No. 530 Tracy Ave. (If rural, give location)

(e) If foreign born, how long in U. S. A.? ____ years.

3. (a) PRINT FULL NAME: Alfred Biggins

3. (b) If veteran, name war: No

3. (c) Social Security No.: No

4. Sex: Male

5. Color or race: Negro

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

6. (b) Name of husband or wife: Jennie Biggins

6. (c) Age of husband or wife if alive: 76 years

7. Birth date of deceased: August (Month) 5 (Day) 1857 (Year)

8. AGE: Years 82 | Months 6 | Days 12 | If less than one day ____ hr. ____ min.

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

10. Usual occupation: none

11. Industry or business: alfred biggins

FATHER 12. Name: Alfred Biggins

FATHER 13. Birthplace: Georgia (City, town, or county) (State or foreign country)

MOTHER 14. Maiden name: Ukn.

MOTHER 15. Birthplace: Ukn. (City, town, or county) (State or foreign country)

16. (a) Informant's own signature: Edward Biggins

(b) Address: 530 Tracy Ave.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: Feb. 21 '40 (Month) (Day) (Year)

(c) Place: burial or cremation: Blue Ridge

18. (a) Signature of funeral director: Adkins Bros.

(b) Address: 2000 E. 12th K. C. Mo.

19. (a) 2-21-40 (Date received local registrar) (b) M. M. Crowe (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 2 day 17 year 40 hour 6 minute 30 P. M.

21. I hereby certify that I attended the deceased from 2-16- 19 40 to 2-17 19 40 that I last saw him alive on 2-17- 19 40 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Cerebral Hemorrhage	
Due to: Uremia	
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: O. C. Dupont (M. D. or other)

Address: General Hospital #2 Date signed: 2-21-

(Licensed Embalmer's Statement on Reverse Side)

Rev. 5-17-39 WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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 Edw J Evans

Licensed Embalmer No. 3836

P. O. Address 1819 E. 15 St. C.

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.