DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 14417

Registration District No. 89

Primary Registration District No. 3007

Registrar's No. 108

1. PLACE OF DEATH:

(a) County: Butler

(b) City or town: Poplar Bluff, Mo

(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Poplar Bluff Hospital

(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: Missouri (b) County: Butler

(c) City or town: Poplar Bluff

(If outside city or town limits, write "RURAL")

(d) Street No.: S. 67 Highway

(If rural, give location)

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

3. (a) PRINT FULL NAME: Minnie Kathreen Biggs

3. (b) If veteran, name war: ____

3. (c) Social Security No.: ____

4. Sex: F

5. Color or race: W

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

6. (b) Name of husband or wife: ____

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

7. Birth date of deceased: Nov. 16, 1927 (Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
12	4	25	____ hr. ____ min.

9. Birthplace: Poplar Bluff, Mo. (City, town, or county) O (State or foreign country)

10. Usual occupation: School

11. Industry or business: ____

FATHER

12. Name: Sherman Biggs

13. Birthplace: Neelyville, Mo. (City, town, or county) O (State or foreign country)

MOTHER

14. Maiden name: Vada Wisdom

15. Birthplace: Poplar Bluff, Mo. (City, town, or county) O (State or foreign country)

16. (a) Informant's own signature: Sherman Biggs

(b) Address: Poplar Bluff, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: April 13, 1940 (Month) (Day) (Year)

(c) Place: burial or cremation: City Cem.

18. (a) Signature of funeral director: Greer-Croy Service

(b) Address: Poplar Bluff, Mo.

19. (a) 4/14/40 (Date received local registrar) (b) Ola Litsinger (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 11 year 1940 hour 10:30 minute P M.

21. I hereby certify that I attended the deceased from B-8, 1940 to 4-11, 1940 that I last saw her alive on 4-11, 1940 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Acute Endocarditis	
Acute Myocarditis	
Due to: Acute Rheumatic Fever	
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: H. H. Clay (M. D. or other)

Address: Poplar Bluff Mo. Date signed: 4/12/40

(Licensed Embalmer's Statement on Reverse Side)

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.....

Licensed Embalmer No. 3474

P. O. Address Poplar Bluff

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wit the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.