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X23159

Registration District No. 413 Primary Registration District No. 5559.C. Registrar's No. 43

1. PLACE OF DEATH:
(a) County Jasper
(b) City or town Mineral W.V.
(c) Name of hospital or institution: Jasper Co. Hospital
(d) Length of stay: In hospital or institution 142 days
In this community 40 years

3. (a) PRINT FULL NAME Charles Bigley
3. (b) If veteran, name war No 3. (c) Social Security No. 88-16-1750

4. Sex Male 5. Color or race W
6. (a) Single, widowed, married, divorced Widowed
6. (c) Age of husband or wife if alive years
7. Birth date of deceased Apr 21 1893

8. AGE: Years 48 Months 0 Days 6 If less than one day hr. min.

9. Birthplace Ohio

10. Usual occupation miner

11. Industry or business Miner

12. Name Alec Bigley
13. Birthplace Indiana
14. Maiden name Lessie Saunders
15. Birthplace Indiana

16. (a) Informant Records

17. (a) Burial (b) Date thereof 5-1-41

18. (a) Signature of funeral director Langley Mortuary

(b) Address Joplin, Missouri

19. (a) APR 30 1941 (b) J. H. Hutchins

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Jasper 49
(c) City or town Joplin
(d) Street No. 1915 Hall St
(e) If foreign born, how long in U. S. A.? 1 years

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Apr day 27 year 1941 hour 7 minute 30 P M.

21. I hereby certify that I attended the deceased from Feb 10 1940 to Apr 27 1941; that I last saw him alive on Apr 26 1941; and that death occurred on the date and hour stated above.

Immediate cause of death Pulmonary
Tuberculosis

Cor Pulmonale

Due to 10/10

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations _____ Of autopsy _____

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? _____

(d) Did injury occur in or about home, on farm, in industrial place, in public place? 377

(e) Means of injury _____

23. Signature J. E. Douglas (M. D. or other) D
Address Joplin MO Date signed 5/28/41

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

415-420

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 F. M. Jones

Licensed Embalmer No. 2319

P. O. Address Joplin 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.