S. No. 2
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUN 19 1941

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 18531

Registration District No. 609 Primary Registration District No. 4343 Registrar's No. 50

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

1. PLACE OF DEATH:
(a) County Newton
(b) City or town Neosho
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Sale-Bowman Hospital
(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 ____

2. USUAL RESIDENCE OF DECEASED:
(a) State Arkansas (b) County Benton 999
(c) City or town Bentonville 3
(If outside city or town limits, write "RURAL") 0
(d) Street No. ____
(If rural, give location)
(e) If foreign born, how long in U. S. A.? ____ years. 2

3. (a) PRINT FULL NAME BENNY WILLIAM BIGELOW
3. (b) If veteran, name war NONE
3. (c) Social Security No. NONE
4. Sex MALE
5. Color or race White
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 SEPTEMBER (Month) 2 (Day) 1923 (Year)

8. AGE:

Years	Months	Days	If less than one day
17	6	10	____ hr. ____ min.

9. Birthplace BENTONVILLE (City, town, or county) / ARKANSAS (State or foreign country)
10. Usual occupation TRUCK DRIVER
11. Industry or business ____
FATHER
12. Name W. E. Biglow
13. Birthplace BENTON Co. (City, town, or county) / ARKANSAS (State or foreign country)
MOTHER
14. Maiden name LOUISA WEIBLING
15. Birthplace ____ (City, town, or county) / OKLAHOMA (State or foreign country)
16. (a) Informant W. E. Biglow
(b) Address Bentonville Ark.
17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 5-12-1941 (Month) (Day) (Year)
(c) Place: burial or cremation Bentonville Arkansas
18. (a) Signature of funeral director Wm. B. Burns
(b) Address Bentonville, Ark.
19. (a) 5-12-41 (Date received local registrar) (b) Anal R. Sale, M.D. (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 12 year 1941 hour 4:30 minute P. M.
21. I hereby certify that I attended the deceased from May 12, 1941, to May 12, 1941; that I last saw h. in alive on May 12, 1941; and that death occurred on the date and hour stated above.

Immediate cause of death Shock
Crushed Chest - Crushed pelvis
Due to Car Accident
Due to ____
Other conditions ____
(Include pregnancy within 3 months of death)

Duration

Major findings:
Of operations None
Of autopsy None

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) Accident
(b) Date of occurrence May 12-41. 1:30
(c) Where did injury occur? Neosho Highway #71 Newton Mo. (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? Car overturned on Highway #71 Near Neosho (Specify type of place)
While at work? Yes (e) Means of injury Car accident
23. Signature Melvin C. Bowman (M. D. or other) M.D.
Address Neosho, Mo. Date signed May 12-41.

(Licensed Embalmer's Statement on Reverse Side)

Highway report - 7-31-41
Car sideswiped by hit and run driver a collision of two cars -

RECEIVED
District Health Officer No. 6,
District File Number 641-970
Date Filed JUN 16 1941

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 Carey Thompson

Licensed Embalmer No. 3259

P. O. Address Neosho Mo.

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

If this body is not embalmed, fact should be so stated above.