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MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 25398

FILED AUG 14 1941

Registration District No. _____

Primary Registration District No. 4267

Registrar's No. _____

1. PLACE OF DEATH:

(a) County Laclede
(b) City or town Lebanon mo
(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) 1

3. (a) PRINT FULL NAME James Robert Biggs

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex male 5. Color or race white 6. (a) Single, widowed, married, divorced child

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased May 7 1941
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
2 24 hr. min.

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

10. Usual occupation _____

11. Industry or business _____

12. Name Bert Biggs

13. Birthplace Lebanon mo
(City, town, or county) (State or foreign country)

14. Maiden name Lena May Worthy

15. Birthplace Lebanon mo
(City, town, or county) (State or foreign country)

16. (a) Informant Bert Biggs

(b) Address Lebanon mo

17. (a) burial (b) Date thereof Aug 1 1941
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation City Cemetery Lebanon

18. (a) Signature of funeral director W E Holman

(b) Address Lebanon mo

19. (a) 8-4-41 (b) J A M Coube
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State mo (b) County Laclede
(c) City or town Lebanon
(If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) If foreign born, how long in U. S. A.? 0 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 31
year 1941 hour _____ minute 3 P.M.

21. I hereby certify that I attended the deceased from 7/31/41 1941 to 7/31/41 1941
that I last saw her alive on 10 A.M. 1941
and that death occurred on the date and hour stated above.

Immediate cause of death Cardiac - Vent. Fibrillation

Due to Dysautony

Due to g5a

Other conditions (Include pregnancy within 3 months of death) _____
Major findings: Of operations _____
Of autopsy _____

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? _____

While at work? _____ (Specify type of place) (e) Means of injury _____

23. Signature W E Holman (M. D. _____)
Address Lebanon Date signed 8/4/41

407 (Licensed Embalmer's Statement on Reverse Side)

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

3
1
2

053
1
2

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

RECEIVED
District Health Officer No. 7,
District File Number *P1111282*
Date Filed *P. 11/2/41*

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.....

Myself....., Registered Apprentice No.....
working under my personal supervision.

Signed..... *W.E. Halman*.....

Licensed Embalmer No. *4107*.....

P. O. Address *Lebanon Mo*.....

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

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