

Registration District No. JAN 22, 1943

Primary Registration District No. 1002

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

1. PLACE OF DEATH:

(a) County Jackson
(b) City or town N.C.
(c) Name of hospital or institution 830 Euclid
(d) Length of stay: In hospital or institution 20 YRS.
In this community 20 YRS.

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Jackson
(c) City or town N.C.
(d) Street No. 830 Euclid
(e) Citizen of foreign country? NO

3. (a) PRINT FULL NAME Virginia Biggins

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

4. Sex Fe 5. Color or race Col 6. (a) Single, widowed, married, divorced wid
6. (b) Name of husband or wife Alfred Biggins 6. (c) Age of husband or wife if alive Dec. years
7. Birth date of deceased July 26 1861

8. AGE: Years 81 Months 5 Days 8 If less than one day — hr. — min.

9. Birthplace Simpson Co. Miss.

10. Usual occupation Unemployed

MOTHER FATHER { 11. Industry or business —
12. Name unknown
13. Birthplace unk. 9
14. Maiden name unk.
15. Birthplace unk. 9

16. (a) Informant William G. Biggins

(b) Address 830 Euclid

17. (a) (b) Date thereof 1 8 1943

(c) Place: burial or cremation Blue Ridge

18. (a) Signature of funeral director Adams Bros.

(b) Address 2000 E. 12th St. N. Mo.

19. (a) 1-13-43 (b) M. M. Crowe

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan. day 4 year 1943 hour 10 minute 35A.M.

21. I hereby certify that I attended the deceased from Dec 28th 1942 to Jan 4th 1943
that I last saw her alive on Dec 28 1942
and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Interstitial Nephritis Duration —

Due to —
Due to —

Other conditions Hypertension - Myocarditis
(Include pregnancy within 6 months of death)

PHYSICIAN
Major findings: —
Of operations: —
Of autopsy: —
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? —

While at work? — (Specify type of place) (c) Means of injury —

23. Signature W. G. Biggins (M. D. or —)
Address 2202 E. 18th Date signed 1/8/43

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.....

P. O. Address.....

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.