

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

FILED SEP 21 1943

149

Registration District No.

Primary Registration District No.

1002

State File No.

Registrar's No.

3786

1. PLACE OF DEATH:

(a) County... Jackson
(b) City or town... Kansas City
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
402 S. Montgall /
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution
In this community... 30 Years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State... Missouri (b) County... Jackson
(c) City or town... Kansas City
(If outside city or town limits, write "RURAL")
(d) Street No... 402 S. Montgall
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country...

3. (a) PRINT FULL NAME JAMES JOSHUA BIGELOW

3. (b) If veteran, name war... No
3. (c) Social Security No. 1-05-05-1622

4. Sex... Male
5. Color or race... White
6. (a) Single, widowed, married, divorced... Married

6. (b) Name of husband or wife... Nancy R.
6. (c) Age of husband or wife if alive... 71 years

7. Birth date of deceased... Feb 13, 1891
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
59 6 18 hr. min.

9. Birthplace... Odessa Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation... Carpenter

11. Industry or business... General

12. Name... Osbert Bigelow

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

14. Maiden name... Unknown

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

16. (a) Informant... Nancy R. Bigelow

(b) Address... 402 Montgall

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 9-2-43
(Month) (Day) (Year)
(c) Place: burial or cremation... Woodlawn, Kansas City

18. (a) Signature of funeral director... C. H. Alackman & Son, Inc

(b) Address... 2525 Independence Blyd, K. C. Mo.

19. (a) 9-2-43 (b) T. E. Brown
(Date received from registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 31
year 1943 hour 3 minute 20 A.M.

21. I hereby certify that I attended the deceased from July 22, 1943 to Aug 21, 1943
that I last saw him alive on 19...
and that death occurred on the date and hour stated above.

Immediate cause of death... Myocardial infarction

Due to... Coronary insufficiency

Due to... 45c

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

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

23. Signature... A. L. ... M. D. or other...
Address 608 1/2 Chambers Bldg Date signed 9/31/43

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

K. E. M. U.

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 *B. H. Blackwell*

Licensed Embalmer No. 2244

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.