

S. No. 2
M-8-43
v. 5-17-39
P-I X37823

30379

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED OCT 11 1944

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. _____
Registrar's No. 253

Registration District No. 1 Primary Registration District No. 3000

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

1. PLACE OF DEATH:
(a) County Adair
(b) City or town Kirksville
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 912 S. Rigen
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution None
In this community Life (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Adair
(c) City or town Kirksville
(If outside city or town limits, write "RURAL")
(d) Street No. 912 S. Rigen
(If rural, give location)
(e) Citizen of foreign country? No. (Yes or No)
If yes, name country.

3. (a) PRINT FULL NAME James Thomas Biggs
3. (b) If veteran, name war _____ 3. (c) Social Security No. None

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Sept. day 13
year 1944 hour 6:30 minute P: M.

4. Sex Male 5. Color or race White
6. (a) Single, widowed, married, divorced, Widowed
6. (b) Name of husband or wife Dovie Bell Biggs
6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased Aug. 5 1869
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from now
12th 1940 to Sept. 13, 1944
that I last saw him alive on Sept. 12, 1944
and that death occurred on the date and hour stated above.

8. AGE: Years 75 Months 1 Days 8
If less than one day hr. min.

Immediate cause of death:
Cerebral Hemorrhage 4 yrs
Due to Hypertension
Due to _____
Other conditions: Chronic Cystitis 4 yrs
(Include pregnancy within 3 months of death)

9. Birthplace Hancock Co. Ill.
(City, town, or county) (State or foreign country)
10. Usual occupation Retired Mail Carrier

Major findings:
Of operations _____
Of autopsy _____
PHYSICIAN
Underline the cause to which death should be charged statistically.

MOTHER FATHER {
11. Industry or business _____
12. Name Marcena Biggs
13. Birthplace Ill.
(City, town, or county) (State or foreign country)
14. Maiden name Elizabeth Plumbie
15. Birthplace Tenn.
(City, town, or county) (State or foreign country)

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? _____

16. (a) Informant Mrs. Edith White
(b) Address Kirksville, Mo.
17. (a) Burial (b) Date thereof 9/16/44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Yarrow, Missouri
18. (a) Signature of funeral director J. E. Kelly
(b) Address Kirksville, Mo.
19. (a) 10-2-44 (b) Mrs. J. D. Wagnon
(Date received local registrar) (Registrar's signature)

23. Signature R. G. Stippler (M. D. or other)
Address Kirksville, Mo. Date signed 9/16/44

RECEIVED

District Health Officer No. 10

District File Number 10-44-1719

Date Filed OCT 16 1944

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 D. E. R. [Signature]

Licensed Embalmer No. 4181

P. O. Address Hicksville MD

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.