. S. No. 2
OM—2-43
ev. 5-17-39
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

25858

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED AUG 27 1946

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 27016

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 3508

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: 4501- WABASH AVENUE
(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 MONTHS

2. USUAL RESIDENCE OF DECEASED:
(a) State MISSOURI (b) County JACKSON 48
(c) City or town KANSAS CITY 3
(If outside city or town limits, write "RURAL")
(d) Street No. 4501- WABASH AVENUE
(If rural, give location)
(e) Citizen of foreign country? NO (Yes or No)
If yes, name country ---

3. (a) PRINT FULL NAME Eric Wm. Biggs
3. (b) If veteran, name war NO
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 MAY (Month) 9 (Day) 1944 (Year)
8. AGE: Years 2 Months ~~X~~3 Days 3 If less than one day ___ hr. ___ min.
9. Birthplace BAKERSFIELD (City, town, or county) CALIFORNIA (State or foreign country)
10. Usual occupation CHILD
11. Industry or business ---
FATHER 12. Name CAPT. ERNEST E. BIGGS
13. Birthplace MISSOURI (City, town, or county) (State or foreign country)
MOTHER 14. Maiden name MYRTLE ELISE MILLER
15. Birthplace KANSAS CITY (City, town, or county) MISSOURI (State or foreign country)
16. (a) Informant MR. R. H. MILLER
(b) Address 4501- WABASH AVENUE
17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof AUG-15-1946 (Month) (Day) (Year)
(c) Place: burial or ~~cremation~~ MT. MORIAH CEMETERY
18. (a) Signature of funeral director D. H. Newcomer's Sons
(b) Address 1401- BRUSH CREEK BLVD.
19. (a) 8-14-46 (Date received local registrar) (b) Geraldine Hemer (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month AUGUST day 12TH year 1946 hour 11 minute 30 P.M.
21. I hereby certify that I attended the deceased from about 2 mo. ago, 19__, to 8-12, 1946 that I last saw him alive on 8-9, 1946 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Lymphatic Leukemia	4 mo
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death) 74 W	
Major findings: Of operations	
Of autopsy Lymphatic Leukemia	

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)
(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? (Specify type of place)
While at work? (e) Means of injury 0
23. Signature Alex C. James Jr. (M. D. or other)
Address Kansas City Mo. Date signed 13 Aug 46

(Licensed Embalmer's Statement on Reverse Side)

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 Emile M. Calhoun

Licensed Embalmer No. 3506

P. O. Address K. C. Mo.

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.