

**FILED NOV 19 1946**

Registration District No. **42** Primary Registration District No. **1000**

1. PLACE OF DEATH:  
 (a) County Buchanan  
 (b) City or town St. Joseph  
 (If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution:  
1413 Ashland Ave.  
 (If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether  
 In this community 72 years years, months or days)

2. USUAL RESIDENCE OF DECEASED:  
 (a) State Missouri (b) County Buchanan  
 (c) City or town St. Joseph  
 (If outside city or town limits, write "RURAL")  
 (d) Street No. 1413 Ashland Ave.  
 (If rural, give location)  
 (e) Citizen of foreign country? No (Yes or No)  
 If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Bird B. Bigham  
 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 Married  
 6. (b) Name of husband or wife Maude Bigham  
 6. (c) Age of husband or wife if alive 64 years  
 7. Birth date of deceased October 13 1872  
 (Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>74</u>	<u>0</u>	<u>22</u>	hr. min.

9. Birthplace Unknown Kansas  
 (City, town, or county) (State or foreign country)

10. Usual occupation Bigham Real Estate Co.

11. Industry or business Real Estate

MOTHER FATHER  
 12. Name James C. Bigham  
 13. Birthplace Faucett Missouri  
 (City, town, or county) (State or foreign country)  
 14. Maiden name Martha Ann Davidson  
 15. Birthplace Faucett Missouri  
 (City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Maude Bigham  
 (b) Address St. Joseph, Mo.

17. (a) Burial (b) Date thereof 11/7/46  
 (Burial, cremation, or removal) (Month) (Day) (Year)  
 (c) Place: burial or cremation Memorial Park

18. (a) Signature of funeral director Heaton Beale - Bowman  
 (b) Address St. Joseph, Mo.

19. (a) Nov. 12, 1946 (b) AJ Neethus  
 (Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION  
 20. DATE OF DEATH: Month Nov. day 5  
 year 1946 hour 4<sup>2</sup> minute A M.  
 21. I hereby certify that I attended the deceased from Dec 1944 to Nov 5 1946  
 that I last saw him alive on Nov 5  
 and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Thrombosis  
 Due to Coronary Disease  
 Due to Hypertension  
 Other conditions \_\_\_\_\_  
 (Include pregnancy within 3 months of death)

Major findings:  
 Of operations 94A  
 Of autopsy \_\_\_\_\_  
 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?  
 While at work \_\_\_\_\_ (Specify type of place)  
 (e) Means of injury 0  
 23. Signature J. H. Allaman (M. D. or other)  
 Address St. Joseph, Mo. Date signed 11/6/46

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

3492A

1961 & T NDR

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**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.....

*Raymond W. Marchand*

Licensed Embalmer No. 4413 A

P. O. Address 319 So 10th Joseph St

**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.**