

S. No. 2
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5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED JUN 23 1947

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **20831**
Registrar's No. **2555**

Registration District No. 149 Primary Registration District No. 1002

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:
3030 Forest Avenue
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution none (Specify whether
In this community 51 years years, months or days)

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. 3030 Forest Avenue **8**
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Walter Thomas BIGGERSTAFF
3. (b) If veteran, name war World War I
3. (c) Social Security No. 487-10-9320

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month June day 10
year 1947 hour 10 minute 00 P. M.

4. Sex male 5. Color or race white
6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Marguerite Biggerstaff 6. (c) Age of husband or wife if alive 47 years
7. Birth date of deceased August, 8, 1895
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;
that I last saw h. _____ alive on _____, 19____;
and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day
51 10 2 hr. _____ min.

Immediate cause of death Coronary Sclerosis Duration _____
Due to _____
Due to _____

9. Birthplace Kansas City, Missouri
(City, town, or county) (State or foreign country)
10. Usual occupation Sports' Reporter
11. Industry or business Kansas City Star

Other conditions Deputy Coroner
(include pregnancy within 3 months of death)
Major findings: Of operations _____
Of autopsy History **932**

MOTHER FATHER { 12. Name Thomas Biggerstaff
13. Birthplace Lexington, Missouri
(City, town, or county) (State or foreign country)
14. Maiden name Emma Wernz
15. Birthplace Duluth, Minnesota
(City, town, or county) (State or foreign country)

PHYSICIAN _____
Underline the cause to which death should be charged statistically.

16. (a) Informant Mrs. Marguerite Biggerstaff
(b) Address 3030 Forest Ave., K. C., Mo.
17. (a) Burial (b) Date thereof 6-12-47
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Memorial Park

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? (1)

18. (a) Signature of funeral director Melody McGilley-Eylar
(b) Address Kansas City, Missouri
19. (a) 6-12-47 (b) Heraldine Palmer
(Date received local registrar) (Registrar's signature)

23. Signature AT Upsher (M. D. or other) **MD**
Address 2800 Main **6/11/47**

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

JUL 1 1947

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.