

FILED SEP 21 1948
Registration District No. 24

Primary Registration District No. 305-66006

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

1. PLACE OF DEATH
 (a) County Randolph
 (b) City or town Rural Cairo
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution RFD #1 Cairo Mo.
 (If not a hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution none
 (Specify whether years, months or days)
 In this community 49 years

2. USUAL RESIDENCE OF DECEASED:
 (a) State Missouri (b) County Randolph
 (c) City or town Rural
 (If outside city or town limits, write "RURAL")
 (d) Street No. RFD #1 Cairo Mo.
 (If rural, give location)
 (e) Citizen of foreign country? no (Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME NANCY JANE BIGGERS
 (b) If veteran, name war none
 (c) Social Security No. none

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month September day 16 year 1948 hour 6 minute 45 AM.
 21. I hereby certify that I attended the deceased from Jan 1 1947 to Sept 16 1948
 that I last saw her alive on Sept 14 1948
 and that death occurred on the date and hour stated above.

4. Sex Female 5. Color or race white
 6. (a) Single, widowed, married, divorced widowed
 6. (c) Age of husband or wife if alive 7 years
 7. Birth date of deceased September - 17 - 1867
 (Month) (Day) (Year)

Immediate cause of death myocardial infarction
 Due to age
 Due to _____
 Other conditions (include pregnancy within 3 months of death) _____
 Major findings: Of operations 936
 Of autopsy _____

8. AGE: Years 80 Months 11 Days 30
 If less than one day _____ hr. _____ min.
 9. Birthplace Mexico (City, town, or county) MO (State or foreign country)

10. Usual occupation Housewife
 11. Industry or business _____
 12. Name John Wesley Fox
 13. Birthplace Kentucky (City, town, or county) (State or foreign country)
 14. Maiden name Eliza Jane Jungman
 15. Birthplace Kentucky (City, town, or county) (State or foreign country)
 16. (a) Informant Mrs. Ray G. Roberts
 (b) Address RFD #1 Cairo Mo.
 17. (a) Burial (Burial, cremation, or removal) (b) Date there Sept 18 48 (Month) (Day) (Year)
 (c) Place: burial or cremation Moberly Mo.
 18. (a) Signature of funeral director Moberly Missouri
 (b) Address Moberly Missouri
 19. (a) Sept 17 48 (Date received local registrar) (b) John Williams (Registrar's signature)

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 2
 23. Signature J. H. Hammett DO (M. D. or other) _____
 Address Moberly Mo Date signed 9-16-48

MOTHER FATHER

PHYSICIAN
Underline the cause of which death should be charged statistically.

RECEIVED
District Health Officer
9-48-1643
SEP 20 1948

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 R. M. Cater
Licensed Embalmer No. 4117

P. O. Address Moherly 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.