

Registration District No. 546

Primary Registration District No. 5735

Registrar's No. 4

63  
WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County Marion Mo  
(b) City or town Vichy Mo  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_  
(Specify whether \_\_\_\_\_)  
In this community Life  
years, months or days

3. (a) PRINT FULL NAME Parthena L. Biggs

3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

4. Sex F 5. Color or race white 6. (a) Single, widowed, married, divorced Widow

(b) Name of husband or wife Wm Biggs 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased Aug 15 1860  
(Month) (Day) (Year)

8. AGE: Years 79 Months 5 Days 27 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace Marion Mo  
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or Business \_\_\_\_\_

MOTHER FATHER { 12. Name John Riley

13. Birthplace \_\_\_\_\_  
(City, town, or county) (State or foreign country)

14. Maiden name Susan Loan

15. Birthplace \_\_\_\_\_  
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs Susan Mason

(b) Address Vichy Mo

17. (a) Burial (b) Date thereof Feb 13 1940  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Riley farm

18. (a) Signature of funeral director R. J. ...  
(b) Address Riley Mo

19. (a) 2-12-1940 (b) Sam A. Warner 495  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Marion  
(c) City or town Vichy  
(If outside city or town limits, write "RURAL")  
(d) Street No. \_\_\_\_\_  
(If rural, give location)  
(e) If foreign born, how long in U. S. A.? \_\_\_\_\_ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 12  
year 1940 hour 2 minute 45 a.m.

21. I hereby certify that I attended the deceased from Jan 1  
1940, to Jan 30, 1940  
that I last saw h \_\_\_\_\_ alive on \_\_\_\_\_, 19\_\_\_\_;

and that death occurred on the date and hour stated above.  
Immediate cause of death Cerebral hemorrhage Duration \_\_\_\_\_  
arter

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions none  
(Include pregnancy within 8 months of death)

Major findings: Of operations \_\_\_\_\_

Of autopsy no

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 \_\_\_\_\_

23. Signature Sam A. Warner (M. D. or other) \_\_\_\_\_

Address Vichy Mo Date signed \_\_\_\_\_

PHYSICIAN

Underline the cause to which death should be charged statistically.

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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.....

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, above space should be left blank.**