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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 18748

Registration District No. 411 Primary Registration District No. 2002 Registrar's No.

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

1. PLACE OF DEATH:

(a) County JASPER

(b) City or town Joplin (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 1403 Main 2 (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. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County McDonald

(c) City or town Goodman (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.

3. (a) PRINT FULL NAME WESLEY R. BIGGS 200

3. (b) If veteran, name war World War

3. (c) Social Security No.

4. Sex Male

5. Color or race White

6. (a) Single, widowed, married, divorced Divorced

6. (b) Name of husband or wife Thelma Biggs

6. (c) Age of husband or wife if alive years

7. Birth date of deceased Oct (Month) 7 (Day) 1898 (Year)

8. AGE: Years 41 Months 7 Days 14 If less than one day hr. min.

9. Birthplace Goodman (City, town, or county) Missouri (State or foreign country)

10. Usual occupation Pensioner

11. Industry or business 0

FATHER 12. Name John Biggs

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

MOTHER 14. Maiden name Alice Jennings

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

16. (a) Informant Nell Gardner

(b) Address 1403 Main

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof May 23 1940 (Month) (Day) (Year)

(c) Place: burial or ~~cremation~~ Fairview Cemetery

18. (a) Signature of funeral director Langhen Mortuary

(b) Address 1502 Joplin St Joplin Mo

19. (a) 5-22-40 (Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 21 year 1940 hour 2 minute 20 A.M.

21. I hereby certify that I attended the deceased from 19 to 19; that I last saw him alive on May 21 - 1940 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Heart Block	
Due to —	
Due to —	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy Investigation	

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

23. Signature R. D. Winchester (M. D. or other)

Address Joplin Mo Date signed 5-21-40

(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 F. M. Jones

Licensed Embalmer No. 2319

P. O. Address Joplin 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, above space should be left blank.