

17-39
X23159

Registration District No. 26 Primary Registration District No. 3002

1. PLACE OF DEATH:

(a) County Audrain
(b) City or town Mexico
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
509 S. Olive St.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether
In this community 49 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Audrain
(c) City or town Mexico
(If outside city or town limits, write "RURAL")
(d) Street No. 509 S. Olive St.
(If rural, give location)
(e) If foreign born, how long in U. S. A.? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 1st
year 1940 hour 10 minute 40 P. M.
21. I hereby certify that I attended the deceased from
November 12, 1940 to December 1, 1940
that I last saw her alive on December 1, 1940
and that death occurred on the date and hour stated above.

Immediate cause of death: Pulmonary oedema
Due to Chronic degenerative myocarditis
Due to Senile changes
Other conditions: Chronic cystitis
(Include pregnancy within 3 months of death)

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

Major findings: No operation
Of operations
Of autopsy: No autopsy

3. (a) PRINT FULL NAME Alice Medora Biggers

3. (b) If veteran, name war None 3. (c) Social Security No. None
4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife Albert H. Biggers 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased January 15, 1857
(Month) (Day) (Year)

8. AGE: Years 83 Months 10 Days 16 If less than one day
hr. _____ min.

9. Birthplace Burlington Iowa
(City, town, or county) (State or foreign country)

10. Usual occupation None

11. Industry or business _____

MOTHER FATHER { 12. Name William F. Garrett
13. Birthplace Kentucky
(City, town, or county) (State or foreign country)
14. Maiden name Wilkerson
15. Birthplace New Jersey
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. A. Kurt
(b) Address Mexico, Mo.

17. (a) Burial (b) Date thereof Dec. 4, 40
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Elmwood, Mexico, Mo.

18. (a) Signature of funeral director T. E. [unclear]
(b) Address Mexico, Mo.

19. (a) Dec 3 1940 (b) Blanche Neely
(Date received local registrar) (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? _____

23 (Specify type of place) _____
While at work (c) Means of injury _____
23. Signature J. F. [unclear] (M. D. or other) _____
Address Mexico, Mo. Date signed 12-3-40

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

RECEIVED

District Health Officer No. 10

District File Number 1-41-135

Date Filed JAN 16 1941

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.....

Earl E. Precht

Registered Apprentice No.

working under my personal supervision.

Signed.....

Earl E. Precht

Licensed Embalmer No. 3189

P. O. Address Mexico, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.