FILED FEB 18 1941

No. 2
-11-10-39
5-17-39
P I X21492

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 4686

Registration District No. 875 | Primary Registration District No. 3039 | Registrar's No. 15

1. PLACE OF DEATH:

(a) County: Vernon

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

(c) Name of hospital or institution: 846 E. Wooter
(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: 27 yrs

2. USUAL RESIDENCE OF DECEASED:

(a) State: Mo (b) County: Vernon

(c) City or town: Nevada
(If outside city or town limits, write "RURAL")

(d) Street No.: 846 E. Wooter
(If rural, give location)

(e) If foreign born, how long in U. S. A.? ____ years.

3. (a) PRINT FULL NAME: Jasper Clinton Biggs

3. (b) If veteran, name war: no

3. (c) Social Security No.: 500-10-6773

4. Sex: M

5. Color or race: W

6. (a) Single, widowed, married, divorced: Married

6. (b) Name of husband or wife: Bessie T. Biggs

6. (c) Age of husband or wife if alive: 65 years

7. Birth date of deceased: Oct 1, 1874 (Month) (Day) (Year)

8. AGE: Years: 66 | Months: 3 | Days: 5 | If less than one day: ____ hr. ____ min.

9. Birthplace: Terre Haute (City, town, or county) / Ind (State or foreign country)

10. Usual occupation: Laborer

11. Industry or business: P.W.A.

FATHER
12. Name: John Biggs
13. Birthplace: Unknown (City, town, or county) / Ind (State or foreign country)

MOTHER
14. Maiden name: Asenath Siner
15. Birthplace: Unknown (City, town, or county) / Ind (State or foreign country)

16. (a) Informant: Clinton Biggs
(b) Address: 6412 South st Lincoln

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 1/18/41 (Month) (Day) (Year)
(c) Place: burial or cremation: Moore Cemetery

18. (a) Signature of funeral director: Ferry Funeral Home
(b) Address: Nevada, Mo

19. (a) 1-14-41 (Date received local registrar) (b) Allen V. Hays (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month: Jan day: 6, 1941 year: hour: 12:05 minute: A M.

21. I hereby certify that I attended the deceased from Jan 1, 1940 to Jan 6, 1941 that I last saw him alive on Jan 5, 1941 and that death occurred on the date and hour stated above.

Immediate cause of death: Cerebral Hemorrhage — Duration: Sudden

Due to: Hypertension — Duration: Some Years

Due to: ____

Other conditions (Include pregnancy within 3 months of death): ✓

Major findings: Of operations: ✓

Of autopsy: ✓

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: W. A. Love (M. D. or other)
Address: Nevada, Mo Date signed: 1-6-41

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED
District Health Officer No. 7,
District File Number 2-41-217
Date Filed 2-5-41

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 Lloyd R Winscott

Licensed Embalmer No. 3857

P. O. Address Nevada, Mo.

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

If this body is not embalmed, above space should be left blank.