2 41 39 28390	DEFARTMENT OF COMMERCE BURBAU OF THE CENSUS WIP AUG 18 7943 Repairation District No.	MISSOURI STATE BOARD OF HEALTH STANDARD CERTIFICATE OF DEATH Primary Registration District No. 3942 Registrar's No.			
-USE UNFADING BLACK INK-MAKE A PERMANENT RECORD	1. PLACE OF DEATH: (a) County Pulaski (b) City or town Fort Leonard (If outside city or town limits, w (c) Name of hospital or institution: Same as above (If not in bospital or institution. write et (d) Length of stay: In hospital or institution In this community 1 month, 13 years, months or days) 3. (a) PRINT Arthur R. Bige 3. (b) If veteran, name war. 5. Color or 4. Sex Male 7 race White 6. (b) Name of institution wrife Inez Burton Bigelow 7. Birth date of deceased April (Month) 8. AGE: Years Months Da 39 3 2 9. Birthplace Gardner (Gity, town, or county) 10. Usual occupation Electrician — 11. Industry or business Civil Servi El 12. Name Unknown (City, town, or county)	CALLAL TIME COURT MITSSOUTI- Treet number or location) None days (Specify whether 3. (c) Social Security No 6. (a) Single, widowed, married, divorced Married divorced Married 1902 (Day) (Year) ye If less than one day Lineman Kansas (State or foreign country) Lineman	2. USUAL RESIDENCE OF DECEASED: (a) State Missouri (b) County St. Louis (c) City or town St. Louis (if outside city or town limits, write "RURAL") (d) Street No. 4342 Hodiamont Street (lif rursl, give boation) (e) Citizen of foreign country? No (Yes or No If yes, name country MEDICAL CERTIFICATION 20. DATE OF DEATH, Month July day 26 year 1941 bour 10 minute A.M. 21. I hereby certify that I attended the deceased from 19 to 19 that I last saw h alive on 19 to 19 that I last saw h alive on 19 to 19 Install that death occurred on the date and hour stated above. Immediate cause of death Electrical shock, acute brain injury, 1st, 2nd & 3rd degree burns of face & head, fractured EXXX skull, fractured cervical vertebrae. Due to Contact With high voltage wire taneous and fall from telephone pole. Other conditions. (Include pregnancy within 3 months of death) Major findings: Of operations none Underting the cause to which death should be	n-us.	
WRITE PLAINLY	15. Birthplace Unknown (City, town, or county) 16. (a) Informant Employment Re		22. If death was due to external causes, fill in the following: (a) Accident, suicide, or homicide (specify). Accident (b) Date of occurrence. July 26, 1941	<u>.</u>	
Μ	(b) Address Post Headquar (c) Place: burial or cremation. (d) Signature of funeral director. (b) Address Rolls Funeral. (c) Place: burial or cremation. (d) Address Rolls Funeral. (d) 7/26//1 (Date received local registrar)		(c) Where did injury occur? Ft': Leonard Wood; Pulaski, Mo. (d) Did injury occur in or about home, on farm, in industrial place, in public place Military Reservation Fall and While at work? Yes (Specify type of place) 23. Signature 6//244 C Yay Address Ft Remard Way 720 Date signed 7/26/	ck.	
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working under my personal supervision.

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the above constitutes grounds for revocation of license.)

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

X29288 Registration District No. WRITE PLAIMLY-USE UNFADING BLACK INK-MAKE A PERMANENT RECORD

No. 2B 8-21-41

MISSOURI STATE BOARD OF HEALTH DEPARTMENT OF COMMERCE BUREAU OF THE CENSUS

SIVINDVKD	CERTIFICATE	Or	DEVIL
Primary Regis	tration District No	9	12

County C	Registration District No	trict No. 5942 Registrar's No
(d) State of foreign country? (f) State of foreign country? (g) State of foreign country?	1. PLACE OF DEATH:	2. USUAL RESIDENCE OF DECEASED:
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In this community, year, months or days) 3. (a) PRINT FULL NAME 3. (b) FRINT FULL NAME 4. Sex 5. Color or 6. (c) Single, widowed, married, divorced divorced divorced divorced alive 7. Birth date of deceased (Month) (Day) (Ya) 8. AGE: Years Months Days (State or foreign country) 10. Usual occupition 11. Industry or busin 12. Name (City, tawn, or country) (State or foreign country) 13. Birthplace (City, tawn, or country) (State or foreign country) 14. Maiden name (City, tawn, or country) (State or foreign country) 15. Birthplace (City, tawn, or country) (State or foreign country) (State or foreig	(d) Length of stay: In hospital or institution	1
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