

Registration District No. 713

Primary Registration District No. 5942

Registrar's No.

1. PLACE OF DEATH:

(a) County Pulaski
(b) City or town Fort Leonard Wood, Missouri
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Same as above
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution None (Specify whether)
In this community 1 month, 13 days (Specify whether years, months or days)

3. (a) PRINT FULL NAME Arthur R. Bigelow

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

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced, Married
6. (b) Name of husband or wife Inez Burton Bigelow 6. (c) Age of husband or wife if alive unknown years
7. Birth date of deceased April 26, 1902 (Month) (Day) (Year)

8. AGE: Years 39 Months 3 Days 2 If less than one day, hr. 5 min.

9. Birthplace Gardner, Kansas (City, town, or county) (State or foreign country)

10. Usual occupation Electrician - Lineman

11. Industry or business Civil Service Employee

12. Name Unknown
13. Birthplace Unknown (City, town, or county) (State or foreign country)
14. Maiden name Unknown
15. Birthplace Unknown (City, town, or county) (State or foreign country)

16. (a) Informant Employment Record

(b) Address Post Headquarters

17. (c) (Burial, cremation, or removal) (b) Date thereof (Month) (Day) (Year)

(c) Place of burial or cremation Albert H. Hoppe, Inc. - Rolla, Mo.
18. (a) Signature Rolla Funeral Home - Rolla, Mo.
(b) 7/26/41

19. (a) (Date received local registrar) (b) City of Fort Leonard Wood (Registrar's signature)

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 Hodiament Street (If rural, give location)
(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 hour 10 minute --- A. M.

21. I hereby certify that I attended the deceased from --- 19 --- to --- 19 ---
that I last saw --- alive on --- and 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 skull, fractured cervical vertebrae. Duration Instantaneous.
Due to contact with high voltage wire and fall from telephone pole.

Other conditions. (Include pregnancy within 3 months of death)

Major findings: Of operations none

Of autopsy none

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) Accident
(b) Date of occurrence July 26, 1941
(c) Where did injury occur? Ft. Leonard Wood, Pulaski, Mo. (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

Military Reservation (Specify type of place)

While at work? Yes (e) Means of injury Fall and electric shock.

23. Signature Ellery C. Gay (M. D. or other) MD
Address Ft. Leonard Wood, Mo Date signed 7/26/41

(52)-25904

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 the above constitutes grounds for revocation of license.)

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 25920

Registration District No. 113

Primary Registration District No. 5942

Registrar's No.

1. PLACE OF DEATH:

- (a) County Dulaski
(b) City or town Fort Leonard Wood
(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
years, months or days)

3. (a) PRINT
FULL NAME

Arthur R Bigelow

3. (b) If veteran,
name war

3. (c) Social Security
No.

4. Sex

m

5. Color or
race

W

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

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

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

8. AGE: Years Months Days If less than one day min.

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

10. Usual occupation

11. Industry or business

12. Name

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

14. Maiden name (City, town, or county) (State or foreign country)

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

16. (a) Informant

(b) Address

17. (a) Removal (b) Date thereof July 28, 41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation

St Louis

18. (a) Signature of funeral director Albert H. Hoppe 2nd

(b) Address

19. (a) 7126 141 (b) C. A. P. Abbott
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

- (a) State (b) County

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

- (d) Street No. (If rural, give location)

- (e) Citizen of foreign country? (Yes or No)

If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July year 1941 minute 2 M.

21. I hereby certify that I attended the deceased from 9 to 10, 1941

- that I saw him alive on July 28, 1941 and that death occurred on the date and hour stated above.
Immediate cause of death

Duration

- Due to

- 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?

- While at work? (Specify type of place) (e) Means of injury

23. Signature (M. D. or other)

- Address Date signed

SUPPLEMENTARY

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

MOTHER FATHER

(53) 29904