

FILLED NOV 14 1941
Registration District No. **285**

Primary Registration District No. **5283**

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

1. PLACE OF DEATH:

(a) County Clinton,
(b) City or town Rural, Atchison, Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
R.F.D. # 1, Gower, Missouri,
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether
In this community 2 months,
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri, (b) County Clinton,
(c) City or town Rural,
(If outside city or town limits, write "RURAL")
(d) Street No. R.F.D. # 1, Gower, Mo.
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 30th.
year 1941 hour 5:00 minute 50 p. M.
21. I hereby certify that I attended the deceased from 9:00 p.m.
1941 to 9-30-41 1941:
that I last saw him alive on 9-30 1941
and that death occurred on the date and hour stated above.

Immediate cause of death
Chronicuric Sabur Duration 2 days
Due to _____
Due to Cerebral Apoplexy 25 days

Other conditions (Include pregnancy within 3 months of death)
Major findings:
Of operations 108
Of autopsy _____
PHYSICIAN
Underline the cause to which death should be charged statistically.

3. (a) PRINT FULL NAME Henry Todd Bigham,

3. (b) If veteran, name war None, 3. (c) Social Security No. None,

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed,

6. (b) Name of husband or wife Alice Bigham, 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased March 25, 1851.
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
90 6 5 hr. _____ min.

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

10. Usual occupation Farmer,

11. Industry or business Farm,

12. Name John Bigham,

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

14. Maiden name Sarah Evans,
(City, town, or county) (State or foreign country)
15. Birthplace Unknown,
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs Frank Easter

(b) Address R.F.D. # 1, Gower, Mo.

17. (a) Burial (b) Date thereof 10/2/41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place of burial or cremation Camp Ground Cemetery

18. (a) Signature of funeral director Heaton - DeWalt & Bowman Funeral

(b) Address St. Joseph, Mo.

19. (a) Oct. 2 '41 (b) Mrs. J. C. Starks
(Date received local registrar) (Registrar's signature)

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 9-30

....., Registered Apprentice No.....

working under my personal supervision.

Signed

Wm. Summerfield

Licensed Embalmer No. 3007

P. O. Address 319 So 10th St Perry

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, fact should be so stated above.