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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

DEC 17 1941

Registration District No. 4 11

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

Dr. Lou 38537

State File No.

Primary Registration District No. 2002

Registrar's No.

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

1. PLACE OF DEATH:
(a) County: Jasper
(b) City or town: Joplin
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Freeman Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution: 15 minutes
In this community: 15 minutes (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County: Jasper
(c) City or town: Joplin
(If outside city or town limits, write "RURAL")
(d) Street No.: 708 Chestnut
(If rural, give location)
(e) If foreign born, how long in U. S. A.? 0 years.

3. (a) PRINT FULL NAME: Infant of Mr. & Mrs. Lyle Biggs
3. (b) If veteran, name war:
3. (c) Social Security No.:
4. Sex: Female
5. Color or race: White
6. (a) Single, widowed, married, divorced: single
6. (b) Name of husband or wife:
6. (c) Age of husband or wife if alive: years
7. Birth date of deceased: November 11 1941 (Month) (Day) (Year)

8. AGE Years	Months	Days	If less than one day
0	0	0	hr. 15 min.

9. Birthplace: Joplin (City, town, or county) Missouri (State or foreign country)
10. Usual occupation: Child
11. Industry or business:
MOTHER FATHER
12. Name: Lyle Biggs
13. Birthplace: Sedalia (City, town, or county) Missouri (State or foreign country)
14. Maiden name: Opal Holt
15. Birthplace: Nelson (City, town, or county) Missouri (State or foreign country)
16. (a) Informant: Lyle Biggs
(b) Address: 708 Chestnut, Joplin, Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 11-13-41 (Month) (Day) (Year)
(c) Place: burial or cremation: Fairview Cemetery
18. (a) Signature of funeral director: Lanpher Mortuary
(b) Address: Joplin, Missouri
19. (a) 11-12-41 (Date received local registrar) (b) Ed D. Jones (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 11th year 1941 hour 2:55 minute p M.
21. I hereby certify that I attended the deceased from 11-11- 1941, to 11-11- 1941, that I last saw he alive on 11-11- 1941, and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Premature birth (27rd week)	
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

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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: 0

23. Signature: W. T. Loveland (M. D. or Coroner)
Address: Joplin Mo Date signed 11-11-41

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(Licensed Embalmer's Statement on Reverse Side)

41-12-1032

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 F. M. Jones

Licensed Embalmer No. 2319

P. O. Address Joplin Mo

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

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