DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED APR 22 1942

Registration District No. 26

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 10041

Primary Registration District No. 3002

Registrar's No. 45

1. PLACE OF DEATH:

(a) County: Audrain

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

(c) Name of hospital or institution: Audrain Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution: 20 days (Specify whether years, months or days)

In this community: 48 yrs.

2. USUAL RESIDENCE OF DECEASED:

(a) State: Mo. (b) County: Callaway 014

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

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

(e) If foreign born, how long in U. S. A.? 1 years

3. (a) PRINT FULL NAME: Robert Ely Biggs

3. (b) If veteran, name war: X

3. (c) Social Security No.: X

4. Sex: Male

5. Color or race: White

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

6. (b) Name of husband or wife: X

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

7. Birth date of deceased: August (Month) 15 (Day) 1859 (Year)

8. AGE: Years 82 Months 7 Days 5 If less than one day hr. min.

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

10. Usual occupation: Farmer

11. Industry or business:

FATHER 12. Name: M. R. K. Biggs

FATHER 13. Birthplace: W. K. (City, town, or county) (State or foreign country)

MOTHER 14. Maiden name: W. K.

MOTHER 15. Birthplace: W. K. (City, town, or county) (State or foreign country)

16. (a) Informant's own signature: R. L. Biggs

(b) Address: Auxvasse Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 3-24-42 (Month) (Day) (Year)

(c) Place: burial or cremation: Auxvasse Cemetery

18. (a) Signature of funeral director: Hughes Maupin

(b) Address: Auxvasse, Mo.

19. (a) MAR 20 1942 (Date received local registrar) (b) Margaret H Mackie (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 20 year 1942 hour 12:55 minute A. M.

21. I hereby certify that I attended the deceased from Feb 28, 1942, to March 20, 1942, that I last saw him alive on March 19, 1942, and that death occurred on the date and hour stated above.

Immediate cause of death: Carcinoma of prostate gland

Due to: Carcinoma of lumbar vertebrae and pelvic bones

Due to:

Other conditions: NO
(Include pregnancy within 3 months of death)

Major findings: Of operations: None

Of autopsy: None

Duration

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): None

(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: J. C. Drasher (M. D. or other) MD

Address: Mexico Mo Date signed: 3/20/42

(Licensed Embalmer's Statement on Reverse Side)

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

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

Rev. 5-17-39
1 X19511

RECEIVED
District Health Officer No. 10
District File Number 4-16-857
Date Filed APR 16 1942

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 Hughes Maupin
Licensed Embalmer No. 2358
P. O. Address Aux Vasse, Mo.

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, above space should be left blank.

. S. No. 2B
0M—8-21-41
I X29288

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 10041

Registration District No. 26 Primary Registration District No. 3002 Registrar's No.

SUPPLEMENTARY

1. PLACE OF DEATH:

(a) County Audrain

(b) City or town Mexico
(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)

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

3. (a) PRINT FULL NAME Robert E. Biggs

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 W

6. (b) Name of husband or wife

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

7. Birth date of deceased Aug (Month) 15 (Day) 1859 (Year)

8. AGE: Years 82 Months 7 Days 5 If less than one day ... hr. ... min.

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

10. Usual occupation

11. Industry or business

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

16. (a) Informant
(b) Address

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

18. (a) Signature of funeral director
(b) Address

19. (a) (Date received local registrar) (b) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Mar day 26
year 1942 hour minute M.

21. I hereby certify that I attended the deceased from
, 19 to , 19 ;
that I last saw h alive on , 19 ;
and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of Lumbar Vertebral & Pelvic bones

Due to

Due to Primary Carcinoma of Prostate Gland

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations H C Brashear
Of autopsy 51 b

Duration

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)
(b) 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 (M. D. or other)
Address Date signed