

Registration District No. 169Primary Registration District No. 4106

Registrar's No. _____

1. PLACE OF DEATH:

- (a) County Chariton
 (b) City or town Triplet Mo.
 (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 Benjamin F Biggs

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

4. Sex
- 0 Male
5. Color or race
- white
6. (a) Single, widowed, married, divorced
- married

6. (b) Name of
- ~~husband's~~
- wife
- Maude Biggs
6. (c) Age of husband or wife if alive
- 62
- years

7. Birth date of deceased
- Oct 12 1880
-
- (Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
-
- 74
- 4
- 19
- _____ hr. _____ min.

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

10. Usual occupation
- carpenter

11. Industry or business _____

12. Name
- Lewis Biggs

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

14. Maiden name
- Wily

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

16. (a) Informant
- Mrs Maude Biggs

- (b) Address
- Triplet Mo.

17. (a)
- Burial
- (b) Date thereof
- Mar 5/1942
-
- (Burial, cremation, or removal) (Month) (Day) (Year)

- (c) Place: burial or cremation
- McGullough

18. (a) Signature of funeral director
- D. J. Leonard

- (b) Address
- Wentworth Mo

19. (a)
- 3-5-1942
- (b)
- McGullough
-
- (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

- (a) State
- Missouri
- (b) County
- Chariton 021
-
- Triplet
- 0
-
- (c) City or town _____
-
- (If outside city or town limits, write "RURAL") 0

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

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

If yes, name country _____ 0

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month
- Mar
- day
- 3rd
-
- year
- 1942
- hour
- 6
- minute _____ A. M.

21. I hereby certify that I attended the deceased from
- Feb 1
-
- 1942
- to
- March 3
- 19
- 42
-
- and that death occurred on the date and hour stated above.
-
- Feb 15-1942
- 19
- 42

that I last saw him alive on _____ 19____
and that death occurred on the date and hour stated above.Immediate cause of death _____ Duration _____
hemorrhage gastric ✓Due to gastric ulcer ✓

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
- P. P. Price
- (M. D. or other)
- MD

Address Triplet Mo Date signed 3/4/42

RECEIVED

District Health Officer No. 8,

District File Number

Date Filed 4-13-42

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.....

L. S. Lepard
Licensed Embalmer No. 3970

P. O. Address Wendon, Mo.

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

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

STANDARD CERTIFICATE OF DEATH

State File No. 10508

Registration District No. 169

Primary Registration District No. 4106

Registrar's No.

1. PLACE OF DEATH: C. Christian Triplett

(a) County.....

(b) City or town.....
(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 Benjamin F. Biggs

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

MEDICAL CERTIFICATION

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

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

4. Sex m 5. Color or race w 6. (a) Single, widowed, married, divorced m

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

7. Birth date of deceased Oct 12 (Month) (Day) (Year)

Immediate cause of death Hemorrhage Gastric Ulcer

Due to non malignant non Tuberculosis

Due to.....

8. AGE: Years 74 Months 4 Days 10 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.....

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

16. (a) Informant.....

(b) Address.....

17. (a)..... (b) Date thereof..... (Month) (Day) (Year)

(c) Place: burial or cremation.....

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

(b) Address.....

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

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

Major findings: Of operations.....

Of autopsy.....

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?.....

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

PHYSICIAN

Underline the cause to which death should be charged statistically.

5-10508 1942