

Registration District No. 250

Primary Registration District No. 4451

1. PLACE OF DEATH:

(a) County Ripley  
(b) City or town Doniphan mo  
(c) Name of hospital or institution: Williams 6 days  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution Williams 6 days  
In this community 6 days  
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State mo (b) County Butler 12  
(c) City or town Rural  
(If outside city or town limits, write "RURAL")  
(d) Street No. 1 1/2 miles N.E. of Taylor  
(If rural, give location)  
(e) Citizen of foreign country? 1 (Yes or No)  
If yes, name country.

3. (a) PRINT FULL NAME CHARLES MERDITH BIGGERS

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

4. Sex male 5. Color or race white 6. (a) Single, widowed, married, divorced married  
6. (b) Name of husband or wife Fanniss Biggers 6. (c) Age of husband or wife if alive 58 years  
7. Birth date of deceased Sept 25 1881  
(Month) (Day) (Year)

8. AGE: Years 60 Months 5 Days 6 If less than one day hr. min.

9. Birthplace white Co Ark. 1  
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business

MOTHER FATHER { 12. Name Thomas Biggers  
13. Birthplace unk Ga. 1  
(City, town, or county) (State or foreign country)  
14. Maiden name Sarah Davidson  
15. Birthplace unk Ga. 1  
(City, town, or county) (State or foreign country)

16. (a) Informant Lula Westcott

(b) Address Taylor, mo

17. (a) Burial (b) Date thereof 3-2-42  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Taylor, mo

18. (a) Signature of funeral director Thimnie Dick

(b) Address Taylor, mo

19. (a) 4/8/42 (b) C. O. Johnston  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 1 year 1942 hour ..... minute ..... M.

21. I hereby certify that I attended the deceased from March 25 1942 to April 1 1942  
that I last saw him alive on April 1 1942  
and that death occurred on the date and hour stated above.

Immediate cause of death

Uremia  
Due to acute respiratory  
Pneumoniae Labor

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations 108  
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)  
(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 0

23. Signature J. E. Williams (M. D. certifier)  
Address Doniphan mo Date signed 4/6/42

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

91  
1  
0

RECEIVED

District Health Officer No. 5,

District File Number 542385-

Date Filed 7-21-42

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 S. C. McCord

Licensed Embalmer No. 4079

P. O. Address Naylor, 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, fact should be so stated above.