

FILED JUL 27 1942

Registration District No. 399

Primary Registration District No. 1002

Registrar's No. 2691

48
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County Jackson

(b) City or town Kansas City
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
4235 1/2 Indiana
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 40 years (Specify whether years, months or days)

In this community 40 years

3. (a) PRINT FULL NAME William Ottie Bigger

3. (b) If veteran, name war None

3. (c) Social Security No. 496-10-2171

4. Sex Male 0

5. Color or race White

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Nora Jennette Bigger

6. (c) Age of husband or wife if alive 45 years

7. Birth date of deceased May 21 1897
(Month) (Day) (Year)

8. AGE: Years 47 Months 4 Days 23

If less than one day 0 hr. 0 min.

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

10. Usual occupation Bricklayer

11. Industry or business

12. Name Samuel Rollie Bigger

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

14. Maiden name No Record

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

16. (a) Informant Mrs. Nora Bigger

(b) Address 4235 1/2 Indiana K. C., Mo

17. (a) Burial (b) Date thereof 7 / 17 / 42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Floral Hills Cem. K. C. MO.

18. (a) Signature of funeral director Mrs. C. L. Forster

(b) Address 918 Brooklynn K. C. Mo.

19. (a) 7-15-42 (b) M. M. Crowl
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson

(c) City or town Kansas City
(If outside city or town limits, write "RURAL")

(d) Street No. 4235 1/2 Indiana
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)
If yes, name country 0

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 14
year 1942 hour 5 minute A M.

21. I hereby certify that I attended the deceased from June 1
1942 to July 14, 1942

that I last saw him alive on July 7, 1942
and that death occurred on the date and hour stated above.

Immediate cause of death Bronchitis Pneumonia

Duration 5 days

Due to Pulmonary Tuberculosis

Due to 13 B1

Other conditions None
(Include pregnancy within 3 months of death)

PHYSICIAN

Major findings:
Of operations None

Of autopsy None

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) no

(b) Date of occurrence 7/14/42

(c) Where did injury occur? At home
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? Yes

While at work? Yes (Specify type of place) (e) Means of injury None

23. Signature Mrs. C. L. Forster M.D. (M. D. or other) 0

Address 1529 Luter Date signed July 15/42

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MC

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 Theron A. Redmon
Licensed Embalmer No. 2737
P. O. Address K.C. 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.