

S. No. 2
M-9-4-41
CV. 5-17-39
I X29484

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

24433

State File No.

26

Registrar's No.

AUG 1 1942

Registration District No. 380

Primary Registration District No. 5336

46
00
WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County Howell
(b) City or town Rural - Burnham Township
(c) Name of hospital or institution: Home
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
(Specify whether _____)
In this community Yrs.
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Howell
(c) City or town Rural
(If outside city or town limits, write "RURAL")
(d) Street No. _____
(If rural, give location)
(e) Citizen of foreign country? NO. (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME JOHN BIGGINS

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

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Almira Leininger Biggins 6. (c) Age of husband or wife if alive 44 years
7. Birth date of deceased Dec. 17, 1859
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	82	3	23	hr. min.

9. Birthplace Hallgarth Parrish, Durham, England
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer.

11. Industry or business _____

MOTHER FATHER

12. Name Charles Biggins
13. Birthplace England
(City, town, or county) (State or foreign country)
14. Maiden name Sarah Wilkinson
15. Birthplace Durham, England
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. John Biggins
(b) Address Burnham, Missouri.

17. (a) Burial (b) Date thereof 4-11-42
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Burnham Cemetery

18. (a) Signature of funeral director Burns Funeral Home
(b) Address Willow Springs, Missouri.

19. (a) 4-11-42 (b) Nanette Ferguson
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 10,
year 1942. hour 2:15 minute A.M.

21. I hereby certify that I attended the deceased from Nov. 14
1942 to Feb 3 1942
that I last saw him alive on Feb 3 1942
and that death occurred on the date and hour stated above.

Immediate cause of death Interstitial Nephritis Duration 1 yr 7

Due to _____
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) _____
or Means of injury _____

23. Signature [Signature] (M.D. or other) [Signature]
Address Willow Springs, Mo Date signed 4-10-42

RECEIVED

District Health Officer No. 5

District File Number 742431

Date Filed 7-27-42

APR 26 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 Thomas R. Burns, Jr.

Licensed Embalmer No. #4214

P. O. Address Willow Springs, 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.