

FILED AUG 14 1942

Registration District No. 326

Primary Registration District No. 61096102

Registrar's No. 41

1. PLACE OF DEATH:

(a) County Scottard
(b) City or town Memphis, Mo. Rural
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution Jefferson
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
In this community all his life (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Scottard
(c) City or town Memphis 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

Carroll Leon Biggs

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

4. Sex MO 5. Color or race W 6. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased Feb 25 1927
(Month) (Day) (Year)

8. AGE: Years 15 Months 4 Days 24 If less than one day _____ hr. _____ min.

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

10. Usual occupation Student

11. Industry or business Farming

12. Name Leon E. Biggs

13. Birthplace Scottard, Co. MO
(City, town, or county) (State or foreign country)

14. Maiden name Leah A. Crowder

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

16. (a) Informant Leon E. Biggs

(b) Address Memphis, Mo

17. (a) Burial (b) Date thereof July 21-42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Memphis Cemetery

18. (a) Signature of funeral director W. J. Gilfillan
(b) Address Memphis, Mo

19. (a) July 31-1942 (b) Bernice Wilson
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 19
year 1942 hour 3:00 minute P. M.

21. I hereby certify that I attended the deceased from July 19 1942 to July 19 1942
that I last saw him alive on revers 19 _____
and that death occurred on the date and hour stated above.

Immediate cause of death Drowning ✓
Duration _____

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 099

(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) Means of injury _____

23. Signature W. J. Gilfillan (M. D. or other) ✓
Address Central, Ill Date signed July

RECEIVED

District Health Officer No. 10

District File Number 8-42-1539

Date Filed NOV 11 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 Fred Guth
Licensed Embalmer No. 1029
P. O. Address Memphis TN

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.

2B
21-41
29288

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 25482

Registration District No. 326

Primary Registration District No. 6109

Registrar's No.

1. PLACE OF DEATH:

(a) County Scotland
(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
In this community, years, months or days (Specify whether)

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 Carroll Leon Biggs

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

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

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

7. Birth date of deceased. Feb 2 (Month) (Day) (Year)

8. AGE: Years 15 Months 4 Days mo. 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) 9-1-42 (b) Bernice Wilson (Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

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

21. I hereby certify that I attended the deceased from..... 19..... that I last saw him..... alive on..... 19..... and that death occurred on the date and hour stated above. Immediate cause of death drowning Duration

Due to.....

Due to unable to swim

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

Major findings: Of operations..... 183-3

Of autopsy..... 3/4 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) accident

(b) Date of occurrence July 19, 1942

(c) Where did injury occur? Rural Scotland Mo (City or town) (County) (State)

(b) Did injury occur in or about home, on farm, in industrial place, in public place? on neighbor's farm

(Specify type of place) While at work? swimming (c) Means of injury.....

23. Signature..... (M. D. or other).....

Address..... Date signed.....

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

MOTHER FATHER

SUPPLEMENTARY

Bernie Wilson
Memphis, Mo