S. No. 2
4-13-40
5-17-39
X23159

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

# STANDARD CERTIFICATE OF DEATH

7991

State File No.

Registration District No. 369

Primary Registration District No. 6253

Registrar's No. 3

## 1. PLACE OF DEATH:

(a) County Wayne

(b) City or town Williamsville Rural Williams
(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 see life.
years, months or days)

## 2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Wayne

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

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

(e) If foreign born, how long in U. S. A.? years.

3. (a) PRINT FULL NAME James Arthur Biggerstaff

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex M

5. Color or race W

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

6. (b) Name of husband or wife

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

7. Birth date of deceased June (Month) 25 (Day) 1885 (Year)

8. AGE: Years 57 Months 5 Days 28 If less than one day hr. min.

9. Birthplace Wayne Co, (City, town, or county) Mo (State or foreign country)

10. Usual occupation farmer

11. Industry or business

FATHER
12. Name
13. Birthplace (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name
15. Birthplace (City, town, or county) (State or foreign country)

16. (a) Informant Earl
(b) Address Williamsville

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 11-25-42 (Month) (Day) (Year)

(c) Place: burial or cremation Mulkey Cem

18. (a) Signature of funeral director
(b) Address Greenville

19. (a) Feb. 8, 1943 (Date received local registrar) (b) Mrs. Lottie Manns (Registrar's signature)

## MEDICAL CERTIFICATION

20. DATE OF DEATH: Month November day 23
year 1942 hour 1 minute 5 A.M.

21. I hereby certify that I attended the deceased from November 15, 1942 to Nov. 23, 1942
that I last saw him alive on Nov. 15, 1942
and that death occurred on the date and hour stated above.

| | Duration |
|---|---|
| Immediate cause of death: Epilepsy. | 2 years. |
| 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) No
(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?
(Specify type of place)
While at work? (e) Means of injury

23. Signature John F Wagner (M. D. or other) M.D.
Address Greenville, Mo Date signed 11-24-42

(Licensed Embalmer's Statement on Reverse Side)

ECEIVED

District Health Officer No. 4

District File Number 343-182

Date Filed 3-5-43

## 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 .....

Licensed Embalmer No. 3474

P. O. Address Poplar Bluff

**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.**