S. No. 2
M—5-42
5-17-39
16M
P-I X-2-42

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAY 10 1943

Registration District No. 27

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 3005

State File No. 13597

Registrar's No. 23

1. PLACE OF DEATH:

(a) County: Bates

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

(c) Name of hospital or institution: 1 Mechanic Street
(If not in hospital or institution, write street number or location)

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

In this community .....

2. USUAL RESIDENCE OF DECEASED:

(a) State: Missouri (b) County: Bates

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

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

(e) Citizen of foreign country? ..... (Yes or No)

If yes, name country: 0

3. (a) PRINT FULL NAME: BENJAMIN A. 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: Married

6. (b) Name of husband or wife: Elva A. Biggerstaff

6. (c) Age of husband or wife if alive: 71 years

7. Birth date of deceased: March (Month) 2 (Day) 1859 (Year)

8. AGE: Years 84 | Months 1 | Days 12 | If less than one day ..... hr. ..... min.

9. Birthplace: Henry Co. (City, town, or county) Ill. (State or foreign country)

10. Usual occupation: retired farmer

11. Industry or business: .....

FATHER
12. Name: Sam Biggerstaff
13. Birthplace: don't know (City, town, or county) 9 (State or foreign country)

MOTHER
14. Maiden name: Phebe Gibbs
15. Birthplace: don't know (City, town, or county) 9 (State or foreign country)

16. (a) Informant: A. P. Biggerstaff
(b) Address: Marietta, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 4-18-43 (Month) (Day) (Year)
(c) Place: burial or cremation: Oak Hill

18. (a) Signature of funeral director: Culver
(b) Address: Butler, Mo.

19. (a) 4-16-1943 (Date received local registrar) (b) Pauline Crumpton (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 14 year 1943 hour 8 minute 30 A.M.

21. I hereby certify that I attended the deceased from April 1, 1943, to April 14, 1943 that I last saw him alive on April 13, 1943; and that death occurred on the date and hour stated above.

Immediate cause of death: Uremia — | Duration

Due to: .....

Due to: Chronic Interstitial Nephritis

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

Major findings: Of operations: — | 3/a

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? ..... (Specify type of place)

While at work? — (e) Means of injury: .....

23. Signature: Geo. A. Leith (M. D. ~~or other~~)

Address: Butler, Mo. Date signed: 4-18-43

1306

(Licensed Embalmer's Statement on Reverse Side)

Number 4-43-152

5-5-43

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 C. E. Culver

Licensed Embalmer No. 2576

P. O. Address Butler, 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.