2
3
-39
X32873

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
LED MAY 25 1943

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

18349

State File No.

Registration District No. 206 Primary Registration District No. 3042 Registrar's No. 33

1. PLACE OF DEATH:
(a) County Madison
(b) City or town Fredericktown
(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 years, months or days) In this community

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Madison /
(c) City or town Fredericktown /
(If outside city or town limits, write "RURAL")
(d) Street No. 318 E. Marvin
(If rural, give location)
(e) Citizen of foreign country? (Yes or No) No
If yes, name country

3. (a) PRINT FULL NAME Margaret Isabel Biffle
3. (b) If veteran, name war
3. (c) Social Security No. 493-01-6836
4. Sex Female
5. Color or race White
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 June (Month) 25 (Day) 1893 (Year)
8. AGE: Years 49 Months 10 Days 19 If less than one day hr. min.
9. Birthplace Bollinger County (City, town, or county) Missouri (State or foreign country)
10. Usual occupation Machine operator
11. Industry or business Shoe Factory
FATHER
12. Name William J. Biffle
13. Birthplace Unknown (City, town, or county) Tennessee (State or foreign country)
MOTHER
14. Maiden name Fonzy B. Laird
15. Birthplace Unknown (City, town, or county) Kentucky (State or foreign country)
16. (a) Informant Flossie Biffle (sister)
(b) Address Fredericktown, Missouri
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 5/17/43 (Month) (Day) (Year)
(c) Place: burial or cremation Fredericktown
18. (a) Signature of funeral director Stanley F. Arjon
(b) Address Fredericktown, Missouri
19. (a) May 17 1943 (Date received local registrar) (b) S. E. Congleton By (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 14th year 1943 hour 6:30 minute P. M.
21. I hereby certify that I attended the deceased from Apr 28-1943 to May 14-1943
that I last saw her alive on May 14 Apr 2 PM. 1943
and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Collapsed while vomiting, Ruptured Gall Bladder	
Due to Cancer of the Liver	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations
Of autopsy none

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 M. B. Barber (M. D. or other)
Address Fredericktown Date signed 4/15-43

(Licensed Embalmer's Statement on Reverse Side)

JUN 3 1943 RECEIVED

District Health Officer No. 4

District File Number 543-2240

Date Filed 5-24-43

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 Virgil F. Welch

Licensed Embalmer No. 4102

P. O. Address Fredericktown - M

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.