

FILED JAN 12 1944

Registration District No. 279

Primary Registration District No. 3053

Registrar's No. 117

1. PLACE OF DEATH  
(a) County Phelps  
(b) City or town Rolla  
(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 5 years years, months or days

3. (a) PRINT FULL NAME Oscar Eugene Biddens  
3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

4. Sex M 5. Color or race White  
6. (a) Single, widowed, married, divorced Married  
6. (b) Name of husband or wife Mora Biddens 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
7. Birth date of deceased Jan 8, 1893 (Month) (Day) (Year)

8. AGE: Years 50 Months 10 Days 19 If less than one-day: \_\_\_\_\_ hr. \_\_\_\_\_ min.

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

10. Usual occupation Leader

11. Industry or business \_\_\_\_\_

MOTHER FATHER  
12. Name James Biddens  
13. Birthplace Phelps Co Mo (City, town, or county) (State or foreign country)  
14. Maiden name Barrie Tucker  
15. Birthplace Mo (City, town, or county) (State or foreign country)

16. (a) Informant Mrs Mora Biddens

(b) Address Rolla Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Nov 29, 1943 (Month) (Day) (Year)

(c) Place: burial or cremation Rolla

18. (a) Signature of funeral director Willson

(b) Address 308 W 8th St Rolla Mo

19. (a) 11-30-43 (b) John Walker (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:  
(a) State Mo (b) County Phelps  
(c) City or town Rolla (If outside city or town limits, write "RURAL")  
(d) Street No. Rolla 9th Sts (If rural, give location)  
(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov day 27 year 1943 hour 4 minute 10 P.M.  
21. I hereby certify that I attended the deceased from April 1941 to Nov 27 1943 and that death occurred on the date and hour stated above.

Immediate cause of death Coronary occlusion  
angina 8 months  
Due to Chronic asthma 7 years  
Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_

Duration  
15 min  
8 months  
7 years  
PHYSICIAN  
Underline the cause to which death should be charged statistically.

Major findings: Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_

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) (e) Means of injury \_\_\_\_\_  
23. Signature M K Underwood (M. D. or other)  
Address Rolla, Missouri Date signed 11-30-43

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

JAN 18 1944

JAN 20 1944

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 me  
....., Registered Apprentice No. ....  
working under my personal supervision.

Signed S. L. Jones

Licensed Embalmer No. 3394

P. O. Address Roca, 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.