

Registration District No. 267

Primary Registration District No. 5900

Registrar's No. 23

1. PLACE OF DEATH:

(a) County Pemiscot
(b) City or town Braggadocio, Pemiscot
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: None
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution None
In this community All Life (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Pemiscot
(c) City or town Braggadocio
(If outside city or town limits, write "RURAL")
(d) Street No. Rural
(If rural, give location)
(e) Citizen of foreign country? No. (Yes or No)
If yes, name country Citizen of U.S.A.

3. (a) PRINT FULL NAME Paul Carl Bigham

3. (b) If veteran, name war None 3. (c) Social Security No. None

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

6. (b) Name of husband or wife Anna B. Bigham 6. (c) Age of husband or wife if alive 54 years

7. Birth date of deceased December 22, 1882
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
61 3 28 hr. min.

9. Birthplace Gayosa Bend, Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business None

12. Name John A. Bigham

13. Birthplace Unknown
(City, town, or county) (State or foreign country)

14. Maiden name Margaret Eastwood

15. Birthplace Unknown
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Frank Grinstead

(b) Address Braggadocio, Mo.

17. (a) Burial (b) Date thereof 4-21-44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Caruthersville, Mo.

18. (a) Signature of funeral director J. S. ...
(b) Address Caruthersville, Mo.

19. (a) 5-3-1944 (b) J. S. ...
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 19,
year 1944 hour 1 minute 00 P. a. M.

21. I hereby certify that I attended the deceased from Apr 19 1944
that I last saw him alive on Apr 19 1944
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Apoplexy
by extension
Duration Sudden

Due to hypertension

Other conditions gla
(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 _____
(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? Yes (Specify type of place) (c) Means of injury ...

23. Signature J. S. ... (M. D. or other) ...
Address Caruthersville Date signed 5/3/44

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

4-44-104

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

Jack Kelley

Licensed Embalmer No. *3788*

P. O. Address *Hayti 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.