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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

FILED NOV 6 1944
Registration District No. 128

Primary Registration District No. 2000

Registrar's No. 848

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

1. PLACE OF DEATH:
(a) County Greene
(b) City or town Springfield
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution Springfield Baptist Hosp.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 2 (Specify whether
In this community 2 years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Webster
(c) City or town Rogersville, Rural 112
(If outside city or town limits, write "RURAL")
(d) Street No. 9
(If rural, give location)
(e) Citizen of foreign country? 1 (Yes or No)
If yes, name country 1

3. (a) PRINT FULL NAME Cecil Eugene Biggs
3. (b) If veteran, name war None
3. (c) Social Security No. None

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Oct. day 26
year 1944 hour 11:00 minute A.M.
21. I hereby certify that I attended the deceased from Oct 24 1944 to Oct 26 1944
and that death occurred on the date and hour stated above.

4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced, Infant
6. (b) Name of husband or wife None
6. (c) Age of husband or wife if alive XX years
7. Birth date of deceased Oct. 24, 1944
(Month) (Day) (Year)

Immediate cause of death Premature (6 1/2 mo) birth
Duration 159

8. AGE: Years 0 Months 0 Days 2 If less than one day hr. min.
9. Birthplace Greene Co. Missouri
(City, town, or county) (State or foreign country)
10. Usual occupation Infant

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.

MOTHER FATHER
11. Industry or business
12. Name Ellis Biggs
13. Birthplace Greene Co. Missouri
(City, town, or county) (State or foreign country)
14. Maiden name Cather Long
15. Birthplace Greene Co. Missouri
(City, town, or county) (State or foreign country)
16. (a) Informant Ellis Biggs
(b) Address Rogersville Mo. #1
17. (a) Burial (b) Date thereof Oct. 27-44
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Smith Cemetery
18. (a) Signature of funeral director Kelley Serrell
(b) Address Rogersville Mo.
19. (a) 10-27-44 (b) S. W. Handley
(Date received local registrar) (Registrar's signature)

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 W. H. Bourke (M. D. or other)
Address 410 Hubbard Rd. Spt. Mo. Date signed 10/27/44

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(Licensed Embalmer's Statement on Reverse Side)

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.....

P. O. Address.....

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.