

No. 2
1-4-41
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X26390

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

Sarno
State File No. **41693**

FILED JAN 1 1945

4361

Registration District No. _____

Primary Registration District No. _____

Registrar's No. _____

1. PLACE OF DEATH:

(a) County *New Madrid*
(b) City or town *Canalou*
(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) *1*
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community *3 yrs* years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State *Mo* (b) County *New Madrid*
(c) City or town *Rural* (If outside city or town limits, write "RURAL") *7:20*
(d) Street No. *Canalou Mo R 1* (If rural, give location) *0*
(e) Citizen of foreign country? *no* (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME *James Alfred Biggs*
3. (b) If veteran name war _____ 3. (c) Social Security No. _____

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month *April* day *28*
year *1943* hour *11* minute *00* P. M.
21. I hereby certify that I attended the deceased from _____ 19____ to _____ 19____
that I last saw h. _____ alive on _____ 19____
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. *9*
6. (b) Name of husband or wife *Lizzie* 6. (c) Age of husband or wife if alive *53* years
7. Birth date of deceased *March 6* (Month) (Day) (Year) *1874*

Immediate cause of death _____ Duration _____
*No Medical Attention
my all read death
Due to *was due to*
*acute myocarditis**
Due to _____
Other conditions (include pregnancy within 3 months of death) _____

8. AGE: Years Months Days If less than one day
69 *1* *22* _____ hr. _____ min.

Major findings: _____
Of operations _____ *930*
Of autopsy _____
PHYSICIAN _____
Underline the cause to which death should be charged statistically.

9. Birthplace _____ (City, town, or county) (State or foreign country) *Ky 1*
10. Usual occupation *farmer*

11. Industry or business _____
12. Name *D-K*
13. Birthplace _____ (City, town, or county) (State or foreign country) *9*
14. Maiden name *D-K*
15. Birthplace _____ (City, town, or county) (State or foreign country) *9*

16. (a) Informant *Mrs Lizzie Biggs*
(b) Address *Canalou Mo*
17. (a) *Burial* (Burial, cremation, or removal) (b) Date thereof *4/30-43* (Month) (Day) (Year)
(c) Place: burial or cremation *Matthews Mo*

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? _____

18. (a) Signature of funeral director *Welch Funeral Home*
(b) Address *Liberton Mo*
19. (a) *May 10 1945* (Date received local registrar) (b) *Mrs Brown* (Registrar's signature)

While at work? _____ (Specify type of place) (c) Means of injury _____
23. Signature *Lep... County Canalou* (M.D. or other)
Address *New Madrid* Date signed *5/3-43*

1032 (Licensed Embalmer's Statement on Reverse Side)

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

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

Raymond Crews

Licensed Embalmer No. *3467*

P. O. Address *Sikeston 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.