

FILED JAN 19 1945  
Registration District No. 146

Primary Registration District No. 3026

Registrar's No. 349

1. PLACE OF DEATH:

(a) County Jackson  
(b) City or town Independence  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: Independence Sanitarium  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 2 weeks  
(Specify whether  
In this community 68 years  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson 48  
(c) City or town Independence Rural 1  
(If outside city or town limits, write "RURAL")  
(d) Street No. R.R. Kansas City, Missouri 2  
(If rural, give location)  
(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Mrs. Lottie Lee Biggers

3. (b) If veteran, name war \_\_\_\_\_  
3. (c) Social Security No. \_\_\_\_\_

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

6. (b) Name of husband or wife D. W. Biggers  
6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased January 9 1873  
(Month) (Day) (Year)

8. AGE: Years 71 Months 11 Days 28  
If less than one day hr. \_\_\_\_\_ min. \_\_\_\_\_

9. Birthplace Jackson County Missouri 1  
(City, town, or county) (State or foreign country)

10. Usual occupation House Wife

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

MOTHER FATHER { 12. Name Thomas C. Parsons  
13. Birthplace Ireland 4  
(City, town, or county) (State or foreign country)  
14. Maiden name Mary A. Webb  
15. Birthplace Jackson County Mo 1  
(City, town, or county) (State or foreign country)

16. (a) Informant J. D. Biggers

(b) Address Route 2, K.C. Mo.

17. (a) Burial (b) Date thereof Jan 9 - 1945  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Woodlawn Independence, Mo

18. (a) Signature of funeral director W. D. Mitchell

(b) Address 3100 N. Main St. Independence Mo

19. (a) 1-8-1945 (Date received local registrar)  
James W. Ross (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 6  
year 1945 hour 6<sup>00</sup> minute 9 M.

21. I hereby certify that I attended the deceased from 9/16 1944 to 1/6 1945;  
that I last saw h.c.c. alive on 1/6 1945;  
and that death occurred on the date and hour stated above.

Immediate cause of death: Bronchopneumonia (terminal)

Due to hypertensive cardiovascular disease years \_\_\_\_\_

Due to arteriosclerosis years \_\_\_\_\_

Other conditions: \_\_\_\_\_  
(Includes pregnancy within 3 months of death)

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 James E. Link, M.D. (M.D. or other)  
Address 129 W. Lexington, Independence Mo Date signed 1/8/45

Duration 7 days  
PHYSICIAN  
Underline the cause to which death should be charged statistically.

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

8  
4  
4

1163

---

---

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 Henry S. Mitchell  
Licensed Embalmer No. 3925  
P. O. Address Indep. 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.