

No. 2  
4-13-40  
-17-39  
I X23153

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. **6806**

**FILED MAR 12 1945**  
Registration District No. **267**

Primary Registration District No. **5900**

Registrar's No. **10**

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

1. PLACE OF DEATH: **Pemiscot**  
(a) County.....  
(b) City or town **Rural-Braggadocia, Township**  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
**Pemiscot County Farm**  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution.....  
In this community **2-yrs-11-Mo.-24 days** (Specify whether years, months or days)

3. (a) PRINT FULL NAME **Mary Bigby**  
3. (b) If veteran, name war..... 3. (c) Social Security No.....

4. Sex **F-M ?** 5. Color or race **Col** 6. (a) Single, widowed, married, divorced **2** **widow**  
6. (b) Name of husband or wife..... 6. (c) Age of husband or wife if alive, years  
7. Birth date of deceased **Aug. 1st, 1919**  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
**25 6 8 hr. all min.**

9. Birthplace **Lillie Rock, Ark**  
(City, town, or county) (State or foreign country)

10. Usual occupation **House Wife**

11. Industry or business.....

MOTHER FATHER  
12. Name **Henry Simons**  
13. Birthplace **Not known**  
(City, town, or county) (State or foreign country)  
14. Maiden name **Ada Woodpin**  
15. Birthplace **Not known**  
(City, town, or county) (State or foreign country)

16. (a) Informant **Dewey Randolph**  
(b) Address **Hayti, Mo**

17. (a) **Burial** (b) Date thereof **Jan. 31-45**  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation **Pemiscot County Farm**

18. (a) Signature of funeral director.....  
(b) Address.....  
19. (a) **2-12-45** (b) **J.A. Johnson D.M.**  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED: **78**  
(a) State..... (b) County.....  
(c) City or town..... (If outside city or town limits, write "RURAL")  
(d) Street No..... (If rural, give location)  
(e) If foreign born, how long in U. S. A. ?..... years.

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month **1** day **30**  
year **1945** hour **8** minute **A.** M.  
21. I hereby certify that I attended the deceased from **1943**  
~~1943~~, 19 **1-30**, 19 **45**  
that I last saw him alive on **1-15**, 19 **45**  
and that death occurred on the date and hour stated above.

Immediate cause of death  
**Tubercular Peritonitis**  
Due to.....  
Due to.....  
Other conditions (Include pregnancy within 3 months of death) **15**

PHYSICIAN  
Major findings:  
Of operations.....  
Of autopsy.....  
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? (Specify type of place) (c) Means of injury **H. Office**  
23. Signature **Fred S. Ogilvie** (M. D. ~~.....~~)  
Address **Cassville** Date signed **2-1-45**

2-45-34

---

---

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.**

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. maich  
10  
Registrar's No. \_\_\_\_\_

Registration District No. 267 Primary Registration District No. 5900

1. PLACE OF DEATH:  
(a) County Pemiscot  
(b) City or town Rural  
(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 \_\_\_\_\_  
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. \_\_\_\_\_  
(If rural, give location)  
(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

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

4. Sex F 5. Color or race B 6. (a) Single, widowed, married, divorced w  
6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased aug / 1 / 1940  
(Month) (Day) (Year)

8. AGE: Years 25 Months 6 Days \_\_\_\_\_ If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace Fattleback Ark  
(City, town, or county) (State or foreign country)

10. Usual occupation \_\_\_\_\_

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

MOTHER FATHER { 12. Name \_\_\_\_\_  
13. Birthplace \_\_\_\_\_ (City, town, or county) (State or foreign country)  
14. Maiden name \_\_\_\_\_  
15. Birthplace \_\_\_\_\_ (City, town, or county) (State or foreign country)

16. (a) Informant \_\_\_\_\_  
(b) Address \_\_\_\_\_

17. (a) \_\_\_\_\_ (b) Date thereof \_\_\_\_\_  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation \_\_\_\_\_

18. (a) Signature of funeral director Nore Bured  
(b) Address By County

19. (a) \_\_\_\_\_ (b) \_\_\_\_\_  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July Day 30  
year 1940 hour \_\_\_\_\_ minute \_\_\_\_\_ M.  
21. I hereby certify that I attended the deceased from \_\_\_\_\_ to \_\_\_\_\_, 19\_\_\_\_;  
that I last saw him/her alive on \_\_\_\_\_, 19\_\_\_\_;  
and that death occurred on the date and hour stated above.  
Immediate cause of death \_\_\_\_\_

Due to \_\_\_\_\_  
Due to \_\_\_\_\_  
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.

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)

23. Signature \_\_\_\_\_ (M. D. or other)  
Address \_\_\_\_\_ Date signed \_\_\_\_\_

SUPPLEMENTARY

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

6806