

No. 2
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5-17-39
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38122

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. _____

FILED DEC 12 1945

Registration District No. 267

Primary Registration District No. 5900

Registrar's No. _____

1. PLACE OF DEATH:

(a) County Pemiscot

(b) City or town Braggodocio
Braggodocio

(c) Name of hospital or institution: _____
1

(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 36 Yrs.
36 Yrs. (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Pemiscot *79*

(c) City or town Braggodocio
Braggodocio (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 Ottie Bell Biggs

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 married

6. (b) Name of husband or wife Edward Biggs 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased Aug. 9, 1887
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

58 2 1 _____ hr. _____ min.

9. Birthplace Dyersburg Tenn.
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business Home

12. Name unknown *9*

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

14. Maiden name Parlee Henderson

15. Birthplace unknown *4*
(City, town, or county) (State or foreign country)

16. (a) Informant Charley Brown

(b) Address Hayti Mo.

17. (a) burial (b) Date thereof 11/10/45
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Hayti Mo.

18. (a) Signature of funeral director Valhalla Funeral Home

(b) Address Hayti Mo.

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 9,
year 1945 hour 2: minute A. M.

21. I hereby certify that I attended the deceased on 11-5-
1945 to _____ 19____

that I last saw her ER alive on 11-5- 1945
and that death occurred on the date and hour stated above.

Immediate cause of death intentional
stasis

Duration

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? _____

While at work? _____ (Specify type of place) (e) Means of injury 2

23. Signature J. L. Masters (M. D. or other)

Address Hayti Mo Date signed 11-10-45

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

1615

(Licensed Embalmer's Statement on Reverse Side)

11-46-2274

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.