

FILED JUL 22 1946
Registration District No. 73

Primary Registration District No. 5286

State File No.

Registrar's No. 57

1. PLACE OF DEATH:

(a) County Dade
(b) City or town Greenfield, Mo
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Home of P. J. McKinley Rural
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1 (Specify whether
In this community 1 years, months or days)

3. (a) PRINT FULL NAME KATHRYN B. BIGGS

3. (b) If veteran, name war 3. (c) Social Security

4. Sex Female 5. Color or race W 6. (a) Single, widowed, married, divorced MARRIED
6. (b) Name of husband or wife Claude R. Biggs 6. (c) Age of husband or wife if alive 24 years
7. Birth date of deceased SEPT 24 1889 (Month) (Day) (Year)

AGE	Years	Months	Days	If less than one day
	56	9	19	hr. min.

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

9. Social occupation Housewife

10. Industry or business Housewife

11. Name N. D. BROWN

12. Birthplace MO D (City, town, or county) (State or foreign country)

13. Maiden name Julia Ann Hennick (City, town, or county) (State or foreign country)

14. Birthplace MO D (City, town, or county) (State or foreign country)

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

16. (a) Informant MRS P. J. McKinley

(b) Address Greenfield, Mo

17. (a) BURIAL (b) Date thereof JAN 15 1946 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Greenfield, Mo

18. (a) Signature of funeral director

(b) Address

19. (a) 7-16-46 (b) Geo R Weir (Data received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Dade 29
(c) City or town Greenfield (If outside city or town limits, write "RURAL") 0
(d) Street No. (If rural, give location) 0
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 10 year 1946 hour minute M.

21. I hereby certify that I attended the deceased from 7-11-46 to 7-10-46

that I last saw him alive on and that death occurred on the date and hour stated above.

Immediate cause of death Cancer of breast, lungs Duration

Due to

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy

22. If death was due to external causes, state or showing:

(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 (M. D. or other)

Address Date signed 7/15/46

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

JUL 24 1958

JAN 28 1959

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. 4379

P. O. Address. Springfield, Ill.

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.

DEPARTMENT OF COMMERCE
 BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

State File No. Aug
 Registrar's No. 518

Registration District No. 93

Primary Registration District No. 5336

1. PLACE OF DEATH:

(a) County Osage
 (b) City or town Rural
 (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 years, months or days)

3. (a) PRINT FULL NAME Kathryn B. Biggs
 3. (b) If veteran, name war _____
 3. (c) Social Security No. _____

4. Sex F 5. Color or race W 6. (a) Single, widowed, married, divorced m

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

7. Birth date of deceased Sept 2 (Month) (Day) (Year)

8. AGE: Years 56 Months _____ Days _____ If less than one day _____ hr. _____ min.

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

10. Usual occupation _____

11. Industry or business _____

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 _____

(b) Address _____

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

2. USUAL RESIDENCE OF DECEASED:

(a) State _____ (b) County _____

(c) City or town _____ (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 _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month _____ year _____ 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 Cancer of Liver
metast. to lungs
 Due to _____

Other conditions _____ (Include pregnancy within 3 months of death)

Major findings: Of operations _____

Of autopsy 4.68

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 _____

23. Signature _____ (M. D. or other) _____

Address _____ Date signed _____

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

SUPPLEMENTARY

21987

23131

Affidavits containing erasures will not be accepted; draw one line through error and write above it.

State of Missouri
County of Dade } ss.

THE STATE BOARD OF HEALTH OF MISSOURI
BUREAU OF VITAL STATISTICS

State File No.

AFFIDAVIT FOR CORRECTION OF A RECORD

Local Registrar's No.

On this 21 day of July, 1953, before me appears W.O. Cowan M.D.

His oath, states that the original record of ~~birth~~ death
for Kathryn B. Biggs died July 10, 1946, 19...., in the State of
Missouri, and which was filed at..... on....., 19...., should be corrected as follows:

Item No. 20 should read July 10, 1946

Instead of Omitted

Item No. 21 should read 7-8-46 to 7-10-46

Instead of 7-11-46 to 7-13-46

Item No. should read

Instead of

Item No. should read

Instead of

Item No. should read

Instead of

Item No. should read

Instead of

Item No. should read

Instead of

Item No. should read

Instead of

The above is true to the best of my knowledge, information and belief.

(SEAL)

Affiant: W.O. Cowan None Relationship.

Greenfield, Missouri
Present Address.

Subscribed and sworn to before me this 21st day of July, 1953

My Commission expires Apr 10, 1954 Chester A. Ball Notary Public.

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