

FILED FEB 13 1947

Registration District No. 156

Primary Registration District No. 2001

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

1. PLACE OF DEATH:

(a) County Jasper
(b) City or town Joplin
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Freeman Hospital, Joplin, Mo. 0
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether
In this community 4 days
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Kansas (b) County Miami
(c) City or town Fontana
(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 Barbara Ann Bigham

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

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

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

7. Birth date of deceased May 21 1863
(Month) (Day) (Year)

8. AGE: Years 83 Months 6 Days 10 If less than one day _____ hr. _____ min.

9. Birthplace Henry Co. Mo. 0
(City, town, or county) (State or foreign country)

10. Usual occupation At Home

11. Industry or business James Higgins

12. Name Buncomb Co. N. Carolina

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

14. Maiden name Madison N. Carolina
(City, town, or county) (State or foreign country)

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

16. (a) Informant Georgia Bigham
(b) Address Fontana, Kans.

17. (a) Removal (b) Date thereof Jan. 1 1947
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Fontana, Kans.

18. (a) Signature of funeral director J. J. Eddy
(b) Address Osawatomi, Kans.
19. (a) 1-4-47 (b) Ed Jenner
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day first
year 1947 hour 12 minute 35 P.M.

21. I hereby certify that I attended the deceased from December 30, 1946, to January 1, 1947
that I last saw her alive on January 1, 1947,
and that death occurred on the date and hour stated above.

Immediate cause of death Acute myocardial failure
Due to Cardiac decompensation
Arterio-sclerotic heart disease

Due to Generalized arteriosclerosis
Other conditions Epigastric hernia
(Include 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) (or) Means of injury _____
23. Signature Robert B. Stork (M. D. or other) MD.
Address Salina, Kansas Date signed 1-1-47

Duration
Inst.
6 wks
8 mos.
Indeterm.
45 yrs.
PHYSICIAN
Underline the cause to which death should be charged statistically.

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47-1-26

APR 10 1947

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.....
Charles M. Dwyer

Licensed Embalmer No..... *3566*

P. O. Address.....
Springfield Missouri

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.