

S. No. 2  
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P-1 X35697

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS  
**FILED MAY 5 1947**

STATE BOARD OF HEALTH OF MISSOURI  
**STANDARD CERTIFICATE OF DEATH**

12346

State File No. \_\_\_\_\_  
Registrar's No. 11

Registration District No. 5 Primary Registration District No. 4016

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

1. PLACE OF DEATH:  
(a) County Atchison  
(b) City or town Tarkio  
(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 11 yrs (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:  
(a) State Missouri (b) County Atchison  
(c) City or town Tarkio  
(d) Street No. \_\_\_\_\_ (If rural, give location)  
(e) Citizen of foreign country? no (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME JOHN WILLIAM BIGLEY  
3. (b) If veteran, name war none  
3. (c) Social Security No. none

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month 19 day April  
year 1947 hour 6 minute — A. M.

4. Sex male 5. Color or race white  
6. (a) Single, widowed, married, divorced mar  
6. (b) Name of husband or wife Mary Ellan Bigley  
6. (c) Age of husband or wife if alive 180 years  
7. Birth date of deceased: April 18 1854  
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_ to \_\_\_\_\_, 19\_\_\_\_ that I last saw h. \_\_\_\_\_ alive on \_\_\_\_\_, 19\_\_\_\_ and that death occurred on the date and hour stated above.  
Immediate cause of death CHRONIC MYOCARDITIS Duration YEARS

8. AGE: Years 93 Months \*\* Days 1 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

Due to \_\_\_\_\_  
Due to \_\_\_\_\_  
Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_  
Major findings: \_\_\_\_\_  
Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_

9. Birthplace Fairfield Iowa  
(City, town, or county) (State or foreign country)  
10. Usual occupation retired farmer  
11. Industry or business \_\_\_\_\_

PHYSICIAN \_\_\_\_\_  
Underline the cause to which death should be charged statistically.

MOTHER FATHER {  
12. Name Nathan Bigley  
13. Birthplace Iowa  
(City, town, or county) (State or foreign country)  
14. Maiden name Jane Bevins  
15. Birthplace Iowa  
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Mary E. Bigley  
(b) Address Tarkio, Mo.  
17. (a) burial (b) Date thereof 4/21/47  
(Burial, cremation, or removal) (Month) (Day) (Year)

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? 3

(a) Place: burial or cremation Prarie Hill Cemetery Tarkio, Mo.  
(a) Signature of funeral director Davis Funeral Home  
(b) Address Tarkio, Mo.  
19. (a) 4-20-47 (b) Mrs. H. L. Curran  
(Date received local registrar) (Registrar's signature)

While at work? \_\_\_\_\_ (Specify type of place)  
(c) Means of injury \_\_\_\_\_  
23. Signature Thos. F. Taylor Coroner  
(M. D. or other) \_\_\_\_\_  
Address Westboro, Mo. Date signed 4/19/47

**DISTRICT HEALTH OFFICE  
Cameron, Mo.**

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**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.....

*John M. Davis*

Licensed Embalmer No. 2394

P. O. Address Tarkio, 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.**