

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED JUL 10 1947

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 20474

Registration District No. 100 Primary Registration District No. 308 5388 Registrar's No. 44

1. PLACE OF DEATH:

(a) County DENT
(b) City or town SHORT BEND TWP
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: NONE
(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

MARTHA 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 W
6. (b) Name of husband or wife JOHN BIGGS 6. (c) Age of husband or wife if alive years
7. Birth date of deceased SEPT 7 1868
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
78 9 18 hr. min.

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

10. Usual occupation AT HOME

11. Industry or business

MOTHER FATHER { 12. Name J. S. ELLIS 9
13. Birthplace NO RECORD 9
(City, town, or county) (State or foreign country)
14. Maiden name SARAH CAPP 9
15. Birthplace NO RECORD 9
(City, town, or county) (State or foreign country)

16. (a) Informant Walter Biggs
(b) Address SALEM, MISSOURI
17. (a) BURIAL (b) Date thereof 6/29/47
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation CEDAR GROVE CEM.

18. (a) Signature of funeral director M. M. Hart
(b) Address SALEM, MISSOURI
19. (a) 6-28-47 (b) M. M. Hart
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County DENT 33
(c) City or town RURAL
(If outside city or town limits, write "RURAL")
(d) Street No. NEAR SALEM, MO
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month JUNE day 26
year 1947 hour 2:00 minute A. M.

21. I hereby certify that I attended the deceased from 7-3-46, 19, to Death 7-5-46
that I last saw him alive on 19, and that death occurred on the date and hour stated above.

Immediate cause of death Thrombosis
Due to arteriosclerosis
Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations A
Of autopsy A

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? M. M. Hart
23. Signature M. M. Hart (M. D. or other) MD.
Address Salem, Mo. Date signed 6/18/47

RECEIVED

District Health Officer No. 5,

District File Number 747345

Date Filed 7-8-47

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, Wm. W. McDonald

Wm. W. McDonald, Registered Apprentice No. 3806
working under my personal supervision.

Signed

Wm. W. McDonald

Licensed Embalmer No.

3806

P. O. Address

Salem, 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.

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. July
Registrar's No. 447

Registration District No. 100 Primary Registration District No. 5388

1. PLACE OF DEATH: Scot Rural
(a) County Scot
(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

3. (a) PRINT FULL NAME Martha 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 wid
6. (b) Name of husband or wife. 6. (c) Age of husband or wife if alive
7. Birth date of deceased (Month) (Day) (Year)

8. AGE: Years 78 Months 9 Days 8 If less than one day hr. min.

9. Birthplace (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) (Burial, cremation, or removal) (b) Date thereof (Month) (Day) (Year) (c) Place: burial or cremation

18. (a) Signature of funeral director (b) Address

19. (a) 6-28-47 (Date received local registrar) (b) R. M. Hart, M.D. (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 July Day 26 Year 1947 Hour 10 minute 15 M.
21. I hereby certify that I attended the deceased from 1947 to 1947 that I last saw him alive on July 26 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?

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

23. Signature (M. D. or other) Date signed

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

SUPPLEMENTARY

S-20474