FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED OCT 11 1947

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 31100

Registration District No. 149 | Primary Registration District No. 1002 | Registrar's No. 4182

1. PLACE OF DEATH:
(a) County: Jackson
(b) City or town: Kansas City (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: General Hospital No. 1 (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 9 hrs (Specify whether years, months or days)
In this community 37 Years

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County: Jackson 48
(c) City or town: Kansas City (If outside city or town limits, write "RURAL") 3
(d) Street No.: 944 W. 34 (If rural, give location) 8
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME: FRANK W. BIGGS
3. (b) If veteran, name war: No
3. (c) Social Security No.: None
4. Sex: Male
5. Color or race: White
6. (a) Single, widowed, married, divorced: Widowed
6. (b) Name of husband or wife: Mrs. Abbie Biggs
6. (c) Age of husband or wife if alive: years
7. Birth date of deceased: February (Month) 12th. (Day) 1866 (Year)

8. AGE: Years	Months	Days	If less than one day
81	7	19	hr. min.

9. Birthplace: Genesco (City, town, or county) Illinois (State or foreign country)
10. Usual occupation: Owner
11. Industry or business: Frank W. Biggs Collection Agency
FATHER
12. Name: Washington Curtis Biggs
13. Birthplace: Wheeling (City, town, or county) West Virginia (State or foreign country)
MOTHER
14. Maiden name: Emmaline Fouts
15. Birthplace: McConnorville (City, town, or county) Ohio (State or foreign country)
16. (a) Informant: Mrs. J. W. Tibbetts
(b) Address: Houston, Texas
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 10-6-1947 (Month) (Day) (Year)
(c) Place: burial or cremation: Mount Moriah Cemetery
18. (a) Signature of funeral director: Freeman Mortuary & Chapel
(b) Address: 104 West 42nd. St. Kansas City, Mo.
19. (a) 10-4-47 (Date received local registrar) (b) Geraldine Holmes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day 1 year 1947 hour 7 minute P.M.
21. I hereby certify that I attended the deceased from 10-1-47 to 10-1-47 and that I last saw him alive on 10-1-47 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Chronic nephritis	
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations
Of autopsy: See above

PHYSICIAN — Underline the cause of 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? (Specify type of place)
While at work? (e) Means of injury
23. Signature: [illegible] (M. D. or other) MD
Address: Med. Dir. Gen'l Hosp. Date signed 10-2-47

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

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

A. McDonnell

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 Elmer C. Dedelin

Licensed Embalmer No. 3495

P. O. Address K. C. 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.