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FEDERAL SECURITY AGENCY

National Office of Vital Statistics

FILED MAR 20 1948

Registration District No. 199

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1002

State File No. 857604
Registrar's No. 1004

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

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:
3712 MONTGALL AVENUE 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 53 YEARS (Specify whether
In this community 53 YEARS years, months or days)

3. (a) PRINT FULL NAME MR. FRANK ROBERT BIGLER

3. (b) If veteran, name war No 3. (c) Social Security No. 490-16-3062A

4. Sex MALE 5. Color or race WHITE 6. (a) Single, widowed, married, divorced MARRIED

6. (b) Name of husband or wife MRS. JULIA HELEN BIGLER 6. (c) Age of husband or wife if alive 73 years

7. Birth date of deceased SEPTEMBER 18 1867
(Month) (Day) (Year)

8. AGE: Years 80 Months 5 Days 14 If less than one day hr. min.

9. Birthplace OHIO 1
(City, town, or county) (State or foreign country)

10. Usual occupation RETIRED

11. Industry or business R.C. GAS COMPANY

12. Name EUGENE BIGLER 0

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

14. Maiden name CAMMILLE R. ROBINSON

15. Birthplace OHIO 1
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Julia Helen Bigler

(b) Address 3712 Montgall

17. (a) Burial (b) Date thereof MARCH 4, 1948
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Int. parish temple

18. (a) Signature of funeral director O.H. Newcomer's Sons

(b) Address 1401 BRUSH GREEN BLVD.

19. (a) 3-4-48 (b) Geraldine Holmes
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County JACKSON
(c) City or town KANSAS CITY
(If outside city or town limits, write "RURAL")
(d) Street No. 3712 MONTGALL AVENUE
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month MARCH day 2ND
year 1948 hour 10 minute 45 A.M.

21. I hereby certify that I attended the deceased from March 2, 1948 to March 4, 1948

that I last saw him alive on Feb 9, 1948 and that death occurred on the date and hour stated above.

Immediate cause of death lobar pneumonia Duration 2 d

Due to cardio-renal vascular disease yrs.

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations 108

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) Means of injury

23. Signature Wm. Keith Higgins (M. D. or other)
Address Professional Ind. Date signed 3-3-48

9 215 10/30-64

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 Edward M. Storey
Licensed Embalmer No. 4452
P. O. Address R. C. 4 New

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.