

S. No. 300  
M-10-47  
5-17-39  
I 3908

FEDERAL SECURITY AGENCY  
National Office of Vital Statistics  
FILED MAY 15 1948

MISSOURI DIVISION OF HEALTH  
STANDARD CERTIFICATE OF DEATH

12430  
State File No. \_\_\_\_\_  
Registrar's No. 1932

Registration District No. 149

Primary Registration District No. 1002

Registrar's No. 1932

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

1. PLACE OF DEATH:  
(a) County Jackson  
(b) City or town Kansas City  
(c) Name of hospital or institution: 5714 Locust Street /  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 14 years (Specify whether  
in this community years, months or days)

3. (a) PRINT FULL NAME Mrs. Flora May Bigelow  
3. (b) If veteran, No  
3. (c) Social Security No. None

4. Sex Female / 5. Color or race White  
6. (a) Single, widowed, married, divorced Married  
6. (b) Name of husband or wife Rev. N. D. Bigelow  
6. (c) Age of husband or wife if alive 81 years  
7. Birth date of deceased August 10th 1872  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
75 8 23 hr. min.

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

10. Usual occupation At Home

11. Industry or business

MOTHER FATHER { 12. Name Unknown  
13. Birthplace Illinois  
(City, town, or county) (State or foreign country)  
14. Maiden name Unknown  
15. Birthplace Illinois  
(City, town, or county) (State or foreign country)

16. (a) Informant Rev. N. D. Bigelow  
(b) Address 5714 Locust Street

17. (a) Burial (b) Date thereof 5-5-48  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mt. Moriah Cemetery

18. (a) Signature of funeral director Freeman Mortuary  
(b) Address Kansas City, Missouri

19. (a) 5-5-48 (b) Geraldine Holmes  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:  
(a) State Missouri (b) County Jackson 48  
(c) City or town Kansas City 3  
(If outside city or town limits, write "RURAL") 8  
(d) Street No. 5714 Locust Street  
(If rural, give location) 0  
(e) Citizen of foreign country? No (Yes or No)  
If yes, name country.

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month May day 3rd.  
year 1948 hour 11 minute - P M.

21. I hereby certify that I attended the deceased from  
May 7, 1947, to May 3, 1948  
that I last saw him alive on 4-13-48  
and that death occurred on the date and hour stated above.

Immediate cause of death  
Coronary Aneurysm  
Due to Hypertension  
arteriosclerosis  
Due to Diabetes  
Essential  
Other conditions (Include pregnancy within 3 months of death)

Major findings:  
Of operations 61  
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 [Signature] (M. D. or other)  
Address 503 West [Address] Date signed 5-4-48

Wintman Body  
17 to 5:30 Tues.

**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 *J. H. Freeman*

Licensed Embalmer No. 2939

P. O. Address F. O. 240

**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.**