

S. No. 2
M-8-43
5-47-39
X37823

19297

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. _____

FILED JUL 1 1948

Registration District No. 138.

Primary Registration District No. 5523.

Registrar's No. 24.

1. PLACE OF DEATH:

(a) County Hickory
(b) City or town Pittsburg (Rural)
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 3
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
(Specify whether _____)
In this community 7 mo
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Ill (b) County Leoria 999
(c) City or town Leoria 11
(If outside city or town limits, write "RURAL") 0
(d) Street No. _____ (If rural, give location) 2
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Jean Annabelle Bigler

3. (b) If veteran, name war WW 3. (c) Social Security No. _____

4. Sex F 5. Color or race W 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased 9 - 19 - 1929
(Month) (Day) (Year)

8. AGE: Years 18 Months 9 Days 2 If less than one day hr. _____ min. _____

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

10. Usual occupation Housewife

11. Industry or business _____

12. Name M. M. Leach

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

14. Maiden name Fern M Olson

15. Birthplace Lyndon Ill
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. L. L. Medley

(b) Address Clodona KANSAS

17. (a) Removal (b) Date thereof 6-23-1948
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Lyndon Cemetery

18. (c) Signature of funeral director Gilbert Hathaway

(b) Address Wheatland Mo

19. (a) June 23, 1948 (b) H. P. Hargis
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month JUNE day 16
year 1948 hour 2 minute P M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;
that I last saw him _____ alive on _____, 19____,
and that death occurred on the date and hour stated above.

Immediate cause of death due to gun shot wound in right temple Duration _____

Due to 22 automatic Rifle

Due to _____

Other conditions _____
(Include pregnancy within 3 months of death)

Major findings: Bullet entered right temple
Of operations _____
Of autopsy ant over left ear

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) accidental

(b) Date of occurrence June 16 1948

(c) Where did injury occur? on farm
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?
on farm
(Specify type of place) (e) Means of injury 22 Rifle

While at work? _____

23. Signature Marvin Hall (M. D. or other) 2

Address Permitay Mo Date signed June 23 1948

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

MOTHER FATHER

JAN 13 1941

RECEIVED
District Health Officer No. 7;
District File Number.....
Date Filed

RECEIVED
District Health Officer No. 7;
District File Number..... 5-48-417
Date Filed 6-29-42

JAN 8 1941

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 *Chas Gilbert Withaway*
Licensed Embalmer No. *4267*
P. O. Address *Wheatland, 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.