

No. 2
-5-42
-5-17-39
I X32875

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

34839

State File No.

FILED OCT 23 1943 7

Registration District No.

Primary Registration District No. 4215

Registrar's No.

1. PLACE OF DEATH:

(a) County Henry

(b) City or town Brownington Mo
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Home
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 60 years (Specify whether years, months or days)

In this community 60 years (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Henry

(c) City or town Brownington Mo
(If outside city or town limits, write "RURAL")

(d) Street No. (If rural, give location)

(e) Citizen of foreign country? (Yes or No) 0
If yes, name country.

3. (a) PRINT FULL NAME HIRAM WESLEY BIGLAR

3. (b) If veteran, name war none

3. (c) Social Security No. none

4. Sex MALE 5. Color or race W

6. (a) Single, widowed, married, divorced MAR

6. (b) Name of husband or wife FRANCES

6. (c) Age of husband or wife if alive 72 years

7. Birth date of deceased APRIL 8th 1866
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

77 5 27 hr. min.

9. Birthplace Benton County Mo
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business

MOTHER FATHER { 12. Name Charles Biglar

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

14. Maiden name Armanda Brown

15. Birthplace Benton County Mo
(City, town, or county) (State or foreign country)

16. (a) Informant Eda Mae Biglar

(b) Address Brownington Mo

17. (a) Burial (b) Date thereof Oct 6-43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Brownington

18. (a) Signature of funeral director C. A. Ricketts

(b) Address Brownington Mo

19. (a) Oct. 8, 1943 (b) Georgia Kitchen
(Date received by registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 5th year 1943 hour 7 A.M. minute ... M.

21. I hereby certify that I attended the deceased from Oct 5-43 to Oct 5-43 and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Embolism

Due to

Due to

Other conditions J3F
(Include pregnancy within 3 months of death)

PHYSICIAN

Major findings: Of operations

Of autopsy NO

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 C. D. Taylor (M. D. or other) ...

Address Brownington Mo Date signed 10-6-43

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

OCT 25 1943

RECEIVED

District Health Officer No. 7,

Date: 9-43-1050
10-22-43

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 me.....
....., Registered Apprentice No.....
working under my personal supervision.

Signed W. Kenneth Jackson
Licensed Embalmer No. 3954
P. O. Address Clinton 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.