

No. 2
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7-39
X47070

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JAN 23 1947

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

Dr Hughes
State File No. 889
Registrar's No. 11

Registration District No. 137

Primary Registration District No. 2023

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

1. PLACE OF DEATH:

(a) County Hennipew
(b) City or town Clinton
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
324 North Main St
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether
In this community over 50 yr. (Specify whether
years, months or days)

3. (a) PRINT FULL NAME BERTHA A. BIGGS
3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex M 5. Color or race W
6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if
alive _____ years
7. Birth date of deceased: 7 10 1863
(Month) (Day) (Year)

8. AGE: Years 84 Months 6 Days 5 If less than one day
hr. _____ min. _____

9. Birthplace: Mascoutah Ill.
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business _____

MOTHER FATHER

12. Name James H. Poffitt
13. Birthplace Ill.
(City, town, or county) (State or foreign country)
14. Maiden name Annada Poffitt
15. Birthplace Ill.
(City, town, or county) (State or foreign country)

16. (a) Informant Wally Leubert
(b) Address Clinton Mo.

17. (a) Burial (b) Date thereof 1-18-1947
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Englewood

18. (a) Signature of funeral director [Signature]
(b) Address Clinton Mo.

19. (a) 1-17-47 (b) R. H. Kerney
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Henry
(c) City or town Clinton
(If outside city or town limits, write "RURAL")
(d) Street No. 324 North Main St.
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 1 day 15
year 1947 hour 6:30 minute 8 P.M.
21. I hereby certify that I attended the deceased from
Dec 10 1947 to Jan 15 1947
that I last saw her alive on Jan 10 1947
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary thrombosis
Due to chronic vasculitis
Due to _____
Other conditions? None
(Include pregnancy within 3 months of death)

Duration
Death at once
unknown

Major findings: Of operations no
Of autopsy no
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) no
(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 0

23. Signature J. B. Hughes (M. D. or other) J. D.
Address Clinton Mo. Date signed 1/17/47

(Licensed Embalmer's Statement on Reverse Side)

67-12-1
1000-97-21

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

Fred E. Wilkinson Jr., Registered Apprentice No. 434
working under my personal supervision.

Signed G. H. Wilkinson

Licensed Embalmer No. 4376

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.